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Release of women and children taken hostage, including those subsequently imprisoned, in armed conflicts

Report of the Secretary-General

Summary

The present report has been prepared in response to the request contained in resolution 60/1 of the Commission on the Status of Women on the release of women and children taken hostage, including those subsequently imprisoned, in armed conflicts. It includes information from Member States and provides an update on attention given to issues relating to the topic in intergovernmental processes.

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I. Introduction

1. At its sixtieth session, in 2016, the Commission on the Status of Women adopted its resolution 60/1 on the release of women and children taken hostage, including those subsequently imprisoned, in armed conflicts. Recalling its previous resolutions on the topic, as well as related provisions in international legal instruments and normative frameworks, the Commission continued to express its grave concern at the continuation of armed conflicts in many regions throughout the world and at the human suffering and humanitarian emergencies that they caused. The Commission noted the particular impact of trafficking in persons in situations of armed conflict on women and children; continued to note, with serious concern, the threats posed by transnational organized crime, and its increasing links with terrorism; and condemned kidnapping and hostage-taking committed for any purpose, including to raise funds or gain political concessions. The Commission recognized that, to bring such practices to an end, the international community must undertake resolute, firm and concrete efforts in accordance with international human rights standards.

2. In resolution 60/1, the Commission requested the Secretary-General to report to the Commission at its sixty-second session on the implementation of the resolution, including relevant recommendations, taking into account the information provided by States and relevant international organizations. The present report has been prepared in response to that request. It includes information from five Member States and provides an update on attention given to issues relating to the topic in intergovernmental processes.

II. Information from Member States

3. The Governments of Azerbaijan, Peru, the Philippines, Ukraine and the Sudan provided information regarding the implementation of resolution 60/1.

4. Azerbaijan, a co-sponsor of resolution 60/1, expressed its strong commitment to the resolution and noted efforts taken by the State Commission of the Republic of Azerbaijan on Prisoners of War, Hostages and Missing Persons to clarify the fates of all citizens registered missing, including women and children. Azerbaijan detailed the essential role of the International Committee of the Red Cross in supporting parties to conflict in clarifying the fates of missing persons and further emphasized that the problem of missing persons should remain a priority for the United Nations and all relevant human rights mechanisms and procedures.

5. Peru, the Philippines, Ukraine and the Sudan reported on their adherence to international legal instruments and normative frameworks, including their follow-up to observations and recommendations of treaty-based bodies. The Philippines and Ukraine highlighted their respective national action plans on women and peace and security. The Philippines also described actions to implement gender-responsive programmes, projects and activities, including in response to the crisis in the city of Marawi.

6. In addition, the Sudan noted efforts to strengthen institutional, legal and procedural frameworks in line with resolution 60/1, through specialized mechanisms for the prevention of violence against women and children and the promulgation of laws consistent with regional and international treaties and conventions ratified by the Sudan. Ukraine outlined legal and other measures taken to combat trafficking in persons; expressed concern over violations of international humanitarian and human rights law linked to the conflict in Ukraine; and described efforts to determine the fates of persons illegally deprived of their liberty, including women held hostage, or who were missing.

III. Attention given to issues relating to the topic in human rights bodies and intergovernmental processes

7. Since the issuance of previous report of the Secretary-General to the Commission (E/CN.6/2016/7), the Human Rights Council, the General Assembly and the Security Council have continued to receive information on and consider a range of issues relating to the topic, including terrorist hostage-taking and abduction by extremist groups; enforced disappearances and missing persons; piracy and armed robbery at sea; abduction and forced recruitment of children in armed conflict; and trafficking in persons for the purposes of sexual violence and exploitation and the raising of revenues for terrorist and criminal groups. Bodies such as the General Assembly and the Security Council have also directly received letters from Member States regarding concerns related to hostage-taking.

8. As at mid-November 2017, 49 States had signed and 58 States had ratified or acceded to the International Convention for the Protection of All Persons from Enforced Disappearance. As part of its "Stand up for someone's rights" campaign, the Office of the United Nations High Commissioner for Human Rights has continued to advocate for doubling the number of ratifications by 2020 to achieve the original goal of 112 ratifications.

9. The Committee on Enforced Disappearances and the Working Group on Enforced or Involuntary Disappearances have continued to analyse gender-specific vulnerabilities of women, young women and girls, as well as men and boys, and to document the impacts of disappearances on all categories of individuals. Each body has documented ongoing trends, such as increased attention to the linkages between migration and enforced disappearances; reports of "short-term" disappearances, in particular in the context of counter-terrorism efforts; and ongoing reprisals against the families and relatives of disappeared or missing persons.[1] Since its inception, the Working Group has transmitted a total of 56,363 cases to 112 States, 45,120 of which remain under active consideration in 91 States. From 19 May 2016 to 17 May 2017, 130 cases were clarified. The general comment on women affected by enforced disappearance adopted by the Working Group in 2012 at its ninety-eighth session continues to be a relevant tool to document and contextualize the impact of enforced displacement on women and to guide the analysis and reporting of human rights bodies (A/HRC/WGEID/98/2).

10. Recognition of the full range of harms experienced by women and girls as victims of enforced disappearance, as relatives of those disappeared or as any other person suffering harm as a result of enforced disappearance remains an essential component of the analysis conducted by the Committee on Enforced and Involuntary Disappearances in its review of Member States' reports, and of its comments and concluding observations. Deeply embedded aspects of history, tradition, religion and culture continue to shape the distinct gender roles of women and girls, and, in turn, shape the harms and violations against them that are reported to the Committee.

11. The Committee has therefore continued to advocate both gender- and child-sensitive assessments of and responses to enforced disappearances, including all related, simultaneous and subsequent harms. For example, in the concluding observations on the report submitted by Colombia under article 29 (1) of the Convention, the Committee highlighted the distinct experiences of women relatives

[1] Press release on the joint statement of the Committee on Enforced Disappearances and the Working Group on Enforced or Involuntary Disappearances. Available from www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22270&LangID=E.

of disappeared persons (CED/C/COL/CO/1). It noted that women are particularly vulnerable in that context to social and economic disadvantages, as well as to violence, persecution and reprisal as a result of efforts to locate their loved ones. With respect to children, the Committee noted both similar and distinct vulnerabilities, specifically highlighting their vulnerability to identity theft.

12. Continued hostage-taking in situations of armed conflict and the distinct vulnerabilities of and violations against women and children in that context have also been referred to in the mandates of fact finding missions[2] and reports of commissions of inquiry submitted to the Human Rights Council, including hostage-taking linked to terrorism, the kidnapping of migrants and politically motivated kidnappings. For example, the most recent report of the Independent International Commission of Inquiry on the Syrian Arab Republic documented ongoing patterns of attacks against civilians, many of whom were women and children belonging to minority religious groups (A/HRC/36/55). The report detailed, for example, the outcome of the "Four Towns" agreement, which resulted in the release of 1,500 detainees, primarily women, by government forces.[3] The report further described the experiences of men, women and children detained as hostages by armed groups, documenting denials of food and medical care, torture, forced labour and other fundamental human rights violations. According to a report of the Independent International Commission submitted to the Human Rights Council in June 2016, over 3,200 Yazidi women and children were still being held by Islamic State in Iraq and the Levant in the Syrian Arab Republic, with Yazidi women experiencing sexual enslavement and thousands of Yazidi men and boys missing.[4]

13. The report of the Commission of Inquiry on Burundi also documented arbitrary detentions and extrajudicial killings that have been carried out since 2015 by the National Intelligence Service, the police, the army and the ruling party's youth league, commonly known as the Imbonerakure (A/HRC/36/54 and A/HRC/36/54/Corr.1). The Commission reported the increased incidence of sexual violence and rape of women when police officers or members of the Imbonerakure, sometimes operating jointly, arrested the victims' spouses or male relatives accused of belonging to an opposition party. Similarly, the Human Rights Council also received the report of the Commission on Human Rights in South Sudan, which documented disappearances and the deliberate and systematic targeting of individuals for killing, arbitrary arrest and detention, sexual violence, sexual slavery or forced marriage (A/HRC/34/63).

14. The report of the Secretary-General' on missing persons, issued pursuant to General Assembly resolution 69/184, also included information on measures to clarify the fates and whereabouts of missing persons, including women and children. It articulated the need to take into account the distinct vulnerabilities of women, children, migrants, refugees, internally displaced persons and other groups, and noted that gender and child-sensitive and rights-based measures to address missing persons needed to be participatory and multidisciplinary (A/71/299 and A/71/299/Corr.1).

15. As detailed in the most recent report of the Secretary-General on women and peace and security (S/2017/861), there have been important innovations in the work of the Security Council that contribute to the enhanced monitoring of progress in the implementation of the women and peace and security agenda and related issues.[5]

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[2] See, for example, Human Rights Council resolution 34/22.

[3] See A/HRC/36/55, annex III, para.5; and A/HRC/30/48, paras. 54–55.

[4] A/HRC/32/CRP.2 (advanced version, English only). Available from www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session32/Pages/ListReports.aspx.

[5] As of November 2017, the Security Council had adopted a total of eight thematic resolutions on this issue, namely resolutions1325 (2000), 1820 (2008), 1888 (2009), 1889 (2009), 1960 (2010), 2106 (2013), 2122 (2013) and 2242 (2015).

Notably, in follow-up to its resolution 2242 (2015), the Council now convenes meetings of relevant experts as part of an informal group of experts on women and peace and security to facilitate a more systematic approach to its work in this area. Women's civil society representatives have increasingly been invited to brief the Council at both thematic and country-specific meetings. Such good practices have diversified the voices and perspectives and contributed to the analysis of needs, priorities and solutions in the Council's deliberations.

16. The Security Council has increasingly voiced concern about kidnappings and hostage-taking committed by terrorist groups. It has also condemned the use by terrorist and violent extremist groups of sexual and gender-based violence, including human trafficking, sexual slavery, forced marriage and forced pregnancy, to terrorize communities and generate revenue. The Council addressed the role of human trafficking in exacerbating conflict and fostering insecurity in its resolution 2331 (2016), as did the Secretary-General at an open debate on trafficking in persons in conflict situations held in November 2017. As evidenced by the recent revelations surrounding the trade in enslaved migrants in Libya, the prevention of such violations requires not only increased humanitarian aid for the protection and support of migrants, but also the restoration of legal pathways and opportunities for regular migration, in line with international human rights law on the resettlement of refugees.

17. The Secretary-General has expressed his commitment to ensuring the increased visibility and promotion of the women and peace and security agenda at every opportunity. In July 2017, the Deputy Secretary-General led a joint United Nations-African Union high-level mission to the Democratic Republic of the Congo and Nigeria — the first-ever mission of its kind to focus on women, peace, security and development. In her briefing to the Security Council, the Deputy Secretary-General raised specific concerns linked to the abduction of women and girls, the forced recruitment of children and the lack of adequate support for victims.[8]

18. Beyond the mechanisms and procedures referenced above, intergovernmental bodies have continued to receive information on the taking of women and girl as hostages and on the kidnapping, abduction and enforced disappearance of women and girls through reports of and briefings by Special Representatives of the Secretary-General. For example, the Special Representative of the Secretary-General for Children and Armed Conflict has continued to update lists of Member States and parties to armed conflict that engage in the recruitment and use of children in armed conflict, among other violations of international law. The most recent report of the Secretary-General on children and armed conflict included details regarding such violations and the impact that increasing disrespect for international law has on girls (A/72/361-S/2017/821).

19. Finally, the Special Representative of the Secretary-General on Sexual Violence in Conflict has also remained seized of issues related to resolution 60/1. The latest report on conflict-related sexual violence brought attention to 19 situations of concern and included an updated list of 46 parties to conflict that are credibly suspected of having committed or instigated patterns of rape and other forms of sexual violence in situations of armed conflict (S/2017/249). The report included information regarding the abduction of women and girls in a number of settings and called for particular attention to women and children who have been released from situations of abduction, forced marriage, sexual slavery and trafficking by armed groups.

[8] Statement available from www.un.org/sg/en/content/dsg/statement/2017-08-10/deputy-secretary-generals-remarks-security-council-recent-visit.

IV. Observations and recommendations

20. **As described in the present report, abductions, enforced disappearances and kidnappings of women and children by terrorist groups and governmental authorities have continued to receive attention from intergovernmental bodies, including the Human Rights Council, the General Assembly and the Security Council. Both country-specific and thematic reports to those bodies have increasingly detailed women's and girls' experiences of such violations. Resolutions, statements and other outcome documents have continued to reflect the gravity of such crimes and emphasized the need for comprehensive victim-centred support and services. Member States have the obligation to ensure the existence of an enabling environment for the implementation of global commitments and normative frameworks; working with stakeholders and partners will be essential to that task. The promotion and protection of and respect for international human rights and humanitarian law will be central to the full implementation of commitments made pursuant to resolution 60/1 and related legal instruments and normative frameworks.**

21. **Human rights treaty bodies and the Special Representatives of the Secretary-General have developed stronger and more effective pathways for reporting on and drawing attention to issues surrounding the release of women and children hostages. That may explain, in part, the low response rate of Member States in relation to the present report. The Commission on the Status of Women may wish to consider referring the discussion of these issues to the General Assembly, the Security Council and the Human Rights Council and make an explicit call before those bodies for systematic reporting on gender-specific concerns in related reports.**

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Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century": gender mainstreaming, situations and programmatic matters

Women, the girl child and HIV and AIDS

Report of the Secretary-General

Summary

In the present report, submitted pursuant to Commission on the Status of Women resolution 60/2 on women, the girl child and HIV and AIDS, the Secretary-General reviews progress made in the implementation of the resolution and describes measures taken by Member States and United Nations system entities. While extraordinary progress has been made in increasing the availability and use of antiretroviral therapy by women, challenges remain in ensuring treatment adherence and retention. Furthermore, new HIV infections are surging among adolescent girls and young women in high-prevalence settings. Ending the AIDS epidemic by 2030 will require a strengthened understanding of and an increased commitment to transformative responses to HIV and AIDS that are based on gender equality and the empowerment of all women and girls.

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I. Introduction

1. In 2016, at its sixtieth session, the Commission on the Status of Women adopted resolution 60/2 on women, the girl child and HIV and AIDS (see E/2016/27) and requested the Secretary-General to report on progress in implementing the resolution at its sixty-second session. The present report is based on contributions from 30 Member States[1] and eight United Nations entities.[2] It also includes information from recent research and evidence relevant to the issues outlined in the resolution.

II. Background

2. Over the past two years, countries have accelerated their efforts to end AIDS, making significant progress towards achieving Sustainable Development Goal target 3.3 of ending AIDS by 2030 and the fast-track targets for 2020 set out by the Joint United Nations Programme on HIV/AIDS (UNAIDS). The fast-track targets are that, by 2020: (a) 90 per cent of people living with HIV know their status, 90 per cent of people living with HIV who know their status are receiving treatment and 90 per cent of people receiving treatment have a suppressed viral load so their immune system remains strong and no longer transmits the virus; (b) fewer than 500,000 new HIV infections arise annually among adults; and (c) zero discrimination against people living with HIV and key populations is achieved.[3] In 2016, more than two thirds of people around the world living with HIV knew their HIV status, 77 per cent of people who knew their status were receiving antiretroviral therapy and 82 per cent of people receiving treatment had suppressed viral loads.[4] Also in 2016, the number of new infections declined to 1.8 million and countries made increased efforts to prevent discrimination against people living with HIV and key populations.[5]

3. In 2016, women aged 15 and older made up 52 per cent of the approximately 34.5 million [28.8 million–40.2 million] people living with HIV.[6] In 2016, it was estimated that there were approximately 790,000 [680,000–910,000] new HIV infections among women aged 15 and older, or 46 per cent of all new infections. There has been a notable increase in new HIV infections among adolescent girls and young women aged 15 to 24 in high-prevalence settings. According to UNAIDS estimates, in 2016, new infections among adolescent girls and young women aged 15 to 24 were

[1] Argentina, Australia, Brunei Darussalam, Cambodia, China, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Germany, Jamaica, Japan, Malta, Monaco, the Netherlands, Paraguay, Peru, Portugal, Romania, the Russian Federation, Spain, the Sudan, Swaziland, Togo, Trinidad and Tobago, Turkey, Turkmenistan, Uganda, and Zimbabwe.

[2] The Joint United Nations Programme on HIV/AIDS (UNAIDS), the Office of the United Nations High Commissioner for Refugees, the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the World Food Programme.

[3] Terminology guidelines from UNAIDS define key populations as people who inject drugs, sex workers, transgender people, prisoners and gay men and other men who have sex with men.

[4] UNAIDS, "Ending AIDS: progress towards the 90-90-90 targets — global AIDS update 2017" (Geneva, 2017).

[5] Ibid.

[6] Unless otherwise indicated, the findings in the present report are sourced from the estimates for 2017 in the AIDSinfo online database. Available from http://aidsinfo.unaids.org. Square brackets denote uncertainty bounds around estimates to indicate the range within which UNAIDS is confident that the point estimate lies.

44 per cent higher than they were among men in the same age group; in sub-Saharan Africa, the number of adolescent girls and young women aged 15 to 24 newly infected with HIV was double the number of young men. Despite the increased availability of antiretroviral medicines, AIDS-related illnesses remained the leading cause of death among women and girls of reproductive age (15–49) globally and the second leading cause of death among young women aged 15 to 24 in Africa.[7]

4. Women's ability to stay healthy is compromised by gendered social norms that place them at a disadvantage both in preventing HIV infection and in obtaining HIV services. Gender norms determine what is expected, allowed and valued in a woman in a given context. Expectations of how a woman should behave influence how much access women and girls have to information and services related to sexuality and reproductive health, including those related to HIV. Opportunities that women and girls have in terms of education, access to and control of resources and decision-making are socially determined and directly influence their ability to prevent HIV infection and mitigate its impact. Unequal gender norms translate into discriminatory laws and institutional biases that prevent women from being in full control of their lives and their health. Men often wield power over many aspects of women's lives and therefore play a key role in forming and enforcing gender norms. Addressing these norms, engaging with men and transforming gender biases in policies and institutions is essential for achieving a transformative HIV response.

III. Normative framework

5. In 2015, the General Assembly adopted the 2030 Agenda for Sustainable Development (resolution 70/1), including target 3.3 on ending AIDS by 2030, under Goal 3, to ensure healthy lives and promote well-being for all at all ages. Under the 2030 Agenda, Member States also adopted Goal 5, to achieve gender equality and empower all women and girls. Each of the targets under Goal 5 is critical to the HIV response and to ensuring that women and girls are free from AIDS. The Sustainable Development Goals and their HIV-related targets were reinforced by the Assembly at its high-level meeting on ending AIDS, held in 2016, at which Member States endorsed the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (resolution 70/266, annex). In the Declaration, Member States highlighted the need to pursue transformative HIV responses that achieve gender equality and the empowerment of all women and girls. Member States agreed to implement gender-responsive national HIV strategic plans, promote women's leadership and engagement in the HIV response, address HIV intersections, violence against women and harmful practices and protect women's sexual and reproductive health and reproductive rights. Member States also committed to reducing the number of adolescent girls and young women aged 15 to 24 newly infected with HIV globally each year to below 100,000 by 2020.

6. In addition, at its seventy-first session, the General Assembly adopted resolutions that are relevant for addressing the gender equality dimensions of HIV and AIDS. In its resolution 71/175 on child, early and forced marriage, the Assembly recommended that Member States eliminate child, early and forced marriage and support girls and women who are at risk of or have been subjected to this practice.

[7] World Health Organization (WHO), "Health statistics and information systems: estimates for 2000–2015" (Geneva, 2017). Available from www.who.int/healthinfo/global_burden_disease/estimates/en.

Member States committed to increasing the availability of gender-responsive, adolescent-friendly information and health services on sexual and reproductive health, including HIV and AIDS. In resolution 71/170, concerning the intensification of efforts to prevent and eliminate all forms of violence against women and girls, the Assembly recognized the links between violence against women and HIV and urged Member States to promote efforts to ensure access to services for HIV.

7. The role of violence in increasing women's risk of HIV was reiterated by the Committee on the Elimination of Discrimination against Women in its general recommendation No. 35 (2017) on gender-based violence against women, updating general recommendation No. 19. In it, the Committee urged Member States to build the capacity of the judiciary, lawyers and law enforcement officers in sexual and reproductive health, including HIV, so they can act to prevent and address gender-based violence against women. In 2017, at its twenty-sixth session, the Commission on Crime Prevention and Criminal Justice adopted resolution 26/2, encouraging Member States to ensure access to measures for the prevention of mother-to-child transmission of HIV in prisons (see E/2017/30).

8. The commitment to women's rights, including their sexual and reproductive health and reproductive rights, was recognized in Human Rights Council resolutions 32/4 and 35/18 on the elimination of discrimination against women. In resolution 35/18, the Council urged Member States to promote, protect and fulfil the right of all women to have full control over, and to decide freely and responsibly on, matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence.

IV. Action taken by Member States and United Nations system entities

A. Advancing gender equality and women's empowerment through national HIV responses

Strengthening legal and policy frameworks for gender equality and women's empowerment

9. A transformative HIV response is not possible without a legal and policy environment that supports women's rights. Laws need to set out regulations to ensure that women, in particular adolescent girls, young women and women in key populations, have access to comprehensive sexuality and reproductive health information and services, including for HIV, and that their rights are protected. In a review of progress in addressing legal and policy barriers to universal access to HIV services in Asia and the Pacific, it was noted that women affected by HIV remain highly stigmatized, continue to face discrimination and high levels of violence that often goes unreported and have limited access to justice.[8] Many countries have removed requirements for parental consent that limit access to health services: of countries responding to the 2017 National Commitments and Policy Instrument, 29 per cent (32 of 110 responding) did not require parental consent for a child under 18 to access HIV testing, 44 per cent (48 of 109 responding) did not require parental

[8] UNDP, UNAIDS and the Economic and Social Commission for Asia and the Pacific, "Review of country progress in addressing legal and policy barriers to universal access to HIV services in Asia and the Pacific" (Bangkok, 2016).

consent for HIV treatment and 37 per cent (40 of 108 responding) did not require parental consent to access sexual and reproductive health services.

10. Child, early and forced marriage increases the vulnerability of adolescent girls and young women to HIV. They often have limited access to prevention information and less ability to negotiate condom use. Member States and United Nations system entities have implemented initiatives to end child, early and forced marriage. El Salvador, Trinidad and Tobago and Zimbabwe recently declared child, early and forced marriage illegal, and the Dominican Republic is updating its civil code to set the minimum age of marriage to 18. The United Nations Development Programme (UNDP) supported the Southern African Development Community Parliamentary Forum in developing a model law on eradicating child marriage. The United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) supported Malawi in adopting the Marriage, Divorce and Family Relations Law, which ended child, early and forced marriage, and, in 2017, the country introduced a constitutional amendment raising the minimum age of marriage to 18 years.

11. Female genital mutilation could increase girls' risk of HIV as a result of unsterilized surgical instruments.[9] Ending this harmful practice by enforcing legislation and strategies is essential to the prevention of HIV infection. Portugal and the Sudan reported implementing national strategies and programmes to eliminate female genital mutilation. The United Nations Population Fund (UNFPA) supported Eritrea, Mauritania, Nigeria and Uganda in allocating funds for interventions aimed at ending female genital mutilation.

Incorporating gender equality and women's empowerment in national HIV plans

12. Gender-responsive actions in the context of HIV are aimed at transforming unequal gender relations, promoting the equal sharing of resources and decision-making and ensuring a voice for women. Ensuring a comprehensive approach is a challenge. In a review of 18 national HIV strategic plans in sub-Saharan Africa,[10] it was found that gender equality targets in those plans were most commonly focused on the prevention of gender-based violence and on women's access to family planning. Strategies to integrate sexual and reproductive health and HIV programmes, improve rights or access to resources for women and girls and increase school access and attendance by adolescent girls and young women were identified in fewer than 6 of the 18 strategic plans.

13. Australia, Cambodia, Colombia, China, Costa Rica, the Dominican Republic, El Salvador, Portugal, the Russian Federation, Spain, Swaziland, Togo, Trinidad and Tobago, Turkmenistan, Uganda and Zimbabwe identified women and girls as a priority group in their national HIV plans and have programmes aimed at reducing their vulnerability to HIV infection. The national strategic plan (2016–2020) of Cambodia highlights the contribution of gender inequality and social marginalization to the vulnerability to HIV of most-at-risk populations. Some countries have national policies or plans specifically on gender and HIV. The national action plan on women, girls, gender equality, HIV and AIDS of Uganda is aimed at increasing gender

[9] WHO, "Health risks of female genital mutilation". Available from www.who.int/reproductivehealth/topics/fgm/health_consequences_fgm/en/.

[10] Jennifer Sherwood and others, "HIV/AIDS national strategic plans of sub-Saharan African countries: an analysis for gender equality and sex-disaggregated HIV targets", *Health Policy and Planning*, vol. 32, No. 10 (2017).

capacity at the planning, policy and programme implementation levels and coordinating research on the impact of gender-responsive interventions on HIV.

14. United Nations system entities provided technical support to Member States in their efforts to develop gender-responsive HIV plans. UN-Women supported Morocco in including the following aspects in its 2017–2021 national HIV strategy: violence and HIV intersections, HIV prevention, access to information and treatment for women and the promotion of the rights of women living with HIV. In Nigeria, UNDP provided support for integrating gender perspectives and human rights as a cross-cutting theme into the national HIV response.

Ensuring the engagement, leadership and participation of women and girls

15. Developing gender-responsive measures requires that policymakers and programme managers support the participation and leadership of women, who are best placed to identify and advocate for their needs and priorities. Over 80 per cent of Member States (61 of 76) reporting to the 2017 National Commitments and Policy Instrument said that women living with HIV participate in developing policies, guidelines and strategies for the elimination of mother-to-child transmission of HIV. Nevertheless, although networks of women living with HIV have, in many countries, taken the lead in addressing human rights violations, often at considerable risk to themselves, they often receive insufficient support and funding.[11]

16. Costa Rica builds the capacity of women's organizations in human rights, reproductive and sexual health and stigma and discrimination. It also works with organizations of women with HIV to advocate for sexual and reproductive rights and against violence. In Zimbabwe, networks of women living with HIV are represented in the national gender and HIV and AIDS technical working group and the country coordination mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria; they also monitor activities and conduct advocacy.

17. UNAIDS and UN-Women supported the #WhatWomenWant advocacy campaign organized by the ATHENA network to ensure that the voices of women and girls were heard during the global policy discussion at the 2016 high-level meeting on AIDS. UNDP strengthened the capacity of country coordinating mechanisms to support the leadership of women and girls living with HIV. UN-Women supported the International Community of Women Living with HIV in training women living with HIV on localizing the Sustainable Development Goals. In Ukraine, such training led to the country's first-ever forum on gender equality and HIV/AIDS and to a strategy, with key milestones, for women and girls living with HIV to engage in the national HIV response.

Financing for women and girls in the HIV response

18. In an assessment of public financing for the needs and rights of women in the context of the HIV epidemic in Latin America and the Caribbean, it was found that HIV funding earmarked for women was focused primarily on the elimination of mother-to-child transmission of HIV.[12] Information on funding allocated to other HIV-specific efforts, such as prevention, treatment and support for women, is limited.

[11] Rebecca Matheson and others, "Realizing the promise of the global plan: engaging communities and promoting the health and human rights of women living with HIV", *Journal of Acquired Immune Deficiency Syndromes*, vol. 75, supplement 1 (2017).

[12] UN-Women, "Rapid assessment: public funding for the needs and rights of women in the context of the HIV epidemic in Latin America and the Caribbean" (Panama City, 2017).

Explicit national investments for women and HIV continue to be focused on women in their roles as pregnant women and mothers. The growing urgency brought on by new HIV infections among adolescent girls and young women has resulted in increased funding, including catalytic funding from the Global Fund, which provides support for integrated HIV prevention, treatment and care programmes for adolescent girls and young women in 13 countries in Africa. It is critical for these financing approaches to recognize women's comprehensive needs related to HIV prevention and treatment and the realization of their human rights and thus expand on the current approaches that are focused on pregnant women and mothers.

19. Only 54 per cent of countries (37 of 68) reporting to the 2017 National Commitments and Policy Instrument and whose national HIV strategy or policy included interventions for transforming gender relations had a dedicated budget for implementing those interventions. As a result of advocacy work by UN-Women, the national AIDS coordinating authorities in Cambodia, Papua New Guinea and Rwanda increased their budgets for undertaking a gender analysis of their HIV responses and identifying funding for gender-responsive interventions. UNDP supported seven African countries in defining and costing interventions to address human rights and gender-related barriers in new funding requests to the Global Fund.

Measuring gender inequalities in HIV responses

20. The availability of HIV data, disaggregated by sex and age, is key for developing a gender-responsive approach to the HIV response. In a review of national HIV strategic plans in 18 countries,[13] however, it was found that only 31 per cent of targets include sex disaggregation. Data were particularly limited on antiretroviral therapy coverage and retention. Data were also limited on access to antiretroviral therapy for specific groups of women such as adolescent girls, young women, female sex workers and transgender women. Further gaps exist in relation to the documentation of women's experiences as patients, especially in relation to confidentiality, treatment literacy, disrespect and abuse. Strengthening the country-level monitoring and evaluation system requires clearly defined indicators that necessitate sex disaggregation where appropriate and a capacity for ongoing gender analysis.

21. Argentina was the only country reporting that provided data disaggregated by both sex and age to describe HIV diagnosis and treatment among young women. The continuous monitoring of data to determine performance gaps is facilitated by tools such as the dashboard of gender-responsive indicators developed by Uganda. The Netherlands completed its first inventory of the needs of women living with HIV. Results included findings that women were less positive about their physical health than men and that they experienced stigma more frequently than men.[14]

22. In 2017, the UNAIDS online Global AIDS Monitoring submission tool and the National Commitments and Policy Instrument were updated to increase the availability of data on gender, women's rights and gender equality. To help apply global guidance to country frameworks, UN-Women, UNDP and UNFPA helped to integrate gender-responsive indicators into monitoring frameworks in Kazakhstan, Tajikistan and Uganda. In Myanmar, UNDP and government partners conducted

[13] Sherwood and others, "HIV/AIDS national strategic plans".

[14] Rema Foppen, Luca Koppen and Fred Verdult, "Positive voices: tell me your story and I'll be your voice". Summary of research into quality of life (Dutch Association of People Living with HIV, 2015). Available from https://issuu.com/hivvereniging/docs/samenvattingpositiefgeluid-e-4web.

research on the socioeconomic impact of HIV, finding that female-headed HIV-affected households were almost 10 times more likely to go hungry.

B. Increasing access to quality HIV treatment, care and support for women and girls

Ensuring access and adherence to quality treatment

23. According to UNAIDS estimates, as at 30 June 2017, 20.9 million people had received antiretroviral therapy. Treatment coverage among women aged 15 and older had more than doubled since 2010 and was higher among women (60 per cent) than men of the same age group (47 per cent). Extraordinary progress has been made on women's access to HIV treatment. Between 2010 and 2016, the proportion of women aged 15 and over living with HIV who were receiving antiretroviral therapy increased from 24 per cent to 60 per cent. Progress is expected to accelerate further with the 2017 pricing agreement, which will increase the availability of the first affordable generic single-pill HIV treatment regimen.[15] World Trade Organization members can make full use of the flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights to improve research and development in affordable health technologies.[16]

24. Testing rates are generally higher for women than men,[17] thereby contributing to women's higher rates of treatment. HIV self-testing, assisted partner notification, mobile testing units and community-based HIV counselling and testing are potential new tools to increase testing, but their differential impact on women and men requires monitoring. In Zimbabwe, the proportion of female HIV self-testers who successfully sought treatment following a test was 50 per cent, compared with 80 per cent of males.[18]

25. The integration of HIV testing and treatment with sexual and reproductive health care services is becoming an important strategy in the response to HIV. Of the countries reporting under the National Commitments and Policy Instrument in 2017, 93 per cent had integrated HIV testing and counselling and 77 per cent had integrated HIV treatment and care with sexual and reproductive health services.[19]

26. According to UNAIDS estimates, more than 4 out of 5 people on treatment had suppressed viral loads in 2016, reflecting high rates of retention. However, specific

[15] UNAIDS, "New high-quality antiretroviral therapy to be launched in South Africa, Kenya and over 90 low- and middle-income countries at reduced price." Available from www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2017/september/20170921_TLD.

[16] United Nations Development Programme, "Report of the United Nations Secretary-General's High-level Panel on Access to Medicines: promoting innovation and access to health technologies" (2016).

[17] WHO, "WHO issues new guidance on HIV self-testing ahead of World AIDS Day", 29 November 2016. Available from www.who.int/mediacentre/news/releases/2016/world-aids-day/en.

[18] See Population Services International, "HIV self-testing Africa: STAR initiative". Available from http://psimpact.com/star-hiv-self-testing-africa.

[19] Percentages reflect reports by 109 of 117 countries responding on the integration of HIV counselling and testing with sexual and reproductive health services, 88 of 115 countries responding on HIV treatment with sexual and reproductive health services, 59 of 107 countries responding on HIV counselling and testing with cervical cancer services and 52 of 107 countries responding on cervical cancer screening with HIV services.

populations are more likely to drop out of treatment. Studies suggest that treatment retention is lower for young people and women in key populations, owing to stigma, discrimination and disclosure issues, as well as to travel and waiting times at clinics.[20] The current lack of sufficiently disaggregated data by age and sex, as well as data on treatment cascade outcomes for key populations, makes it difficult to understand which girls, women, men and boys have access to treatment and who is being left behind.

27. A study commissioned by UN-Women[21] revealed gender-related barriers in women's access and adherence to treatment across their life cycle, including violence and fear of violence, stigma and discrimination, low treatment literacy, care responsibilities and a lack of control over resources. United Nations system entities have developed tools to address discrimination in the health sector (see paras. 42–44 below) and to improve care for adolescents and young people[22] and key populations.[23] However, further work is needed to strengthen woman-centred HIV testing and treatment and to support treatment adherence. Access to treatment can also be strengthened for specific populations. The United Nations Office on Drugs and Crime established HIV prevention, treatment and care services in women's prisons in Pakistan, including referrals for antiretroviral therapy and managing the prevention of mother-to-child transmission of HIV.

Providing HIV care and support services to women and girls living with HIV

28. Comprehensive services for women and girls living with HIV include transportation, housing, childcare, mental health services, employment services, legal assistance and food vouchers. Typically, programmes are focused on eliminating mother-to-child transmission and often provide referral linkages. Women who do not seek maternal health services, however, may not have access to similar referrals.[24] Programme designers and managers need to engage women living with HIV in planning and monitoring activities to ensure that HIV care and support programmes not only meet women's needs but contribute to transforming gender norms.

29. Member States, including Argentina, Cambodia, China, Costa Rica, the Netherlands, Portugal, the Sudan, Togo, Trinidad and Tobago and Uganda, have made strong efforts to respond to the needs of women and girls living with HIV. Uganda established family support groups at health facilities to provide medical and psychosocial support to HIV-positive mothers. An evaluation found that members

[20] See, for example, Maya Petersen and others, "Association of implementation of a universal testing and treatment intervention with HIV diagnosis, receipt of antiretroviral therapy, and viral suppression in East Africa", *Journal of the American Medical Association*, vol. 317, No. 21 (2017).

[21] AIDS Vaccine Advocacy Coalition and others, *Key Barriers to Women's Access to HIV Treatment: A Global Review* (2017). Available from http://genderandaids.unwomen.org/-/media/files/un%20women/geha/resources/key%20barriers%20to%20womens%20access%20to%20hiv%20treatment%20-%20final.pdf?vs=1519.

[22] UNAIDS, "Ending the AIDS epidemic for adolescents, with adolescents: a practical guide to meaningfully engage adolescents in the AIDS response" (Geneva, 2016); and the United Nations Children's Fund (UNICEF), "Guidance document: strengthening the adolescent component of national HIV programmes through country assessments: adolescent assessment and decision-makers' tool (New York, 2015).

[23] UNDP, "Implementing comprehensive HIV and STI programmes with transgender people: practical guidance for collaborative interventions" (New York, 2016).

[24] Laura K. Beres and others, "Non-specialist psychosocial support interventions for women living with HIV: a systematic review", *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV*, vol. 29, No. 9 (2017).

were more likely to stay in care for at least 24 months, as compared with their counterparts who were not enrolled. In Trinidad and Tobago, the Positive Connections programme helps adolescents living with HIV, including girls, understand their diagnosis, participate in managing their care and treatment and identify strategies for positive living.

30. In the United Republic of Tanzania, UN-Women delivered business skills training to 3,000 rural women living with and affected by HIV, enabling them to launch their own small businesses, gain access to legal support and HIV services and have more control over decision-making in the household and the community. The Office of the United Nations High Commissioner for Refugees (UNHCR) established mother support groups in Ethiopia to encourage women to continue their antiretroviral therapy.

C. Providing universal access to HIV prevention

31. Between 2010 and 2016, new HIV infections declined by only 16 per cent, threatening the achievement of the fast-track targets of fewer than 500,000 new infections per year by 2020 and fewer than 100,000 new infections among adolescent girls and young women. Progress has been limited by challenges in implementing key prevention services, including the provision and use of condoms, voluntary medical male circumcision, harm reduction services and pre-exposure prophylaxis, and in ensuring they are complemented by interventions aimed at addressing gender inequality and violence against women. Behaviours and attitudes related to masculinity, in particular those that promote and perpetuate male dominance and control over women and violence against women, affect the ability of both men and women to prevent HIV infection. Progress is being made in developing microbicides, a promising female-controlled method for HIV prevention: research in 2016 found that the monthly vaginal ring reduced infections by approximately 30 per cent.[25] To accelerate prevention efforts, a global prevention coalition was jointly convened by UNAIDS and UNFPA in 2016 to champion the approaches outlined in the HIV prevention 2020 road map, which emphasizes the empowerment of adolescent girls, young women and key populations at risk, in particular through combination prevention.[26]

32. Member States most commonly described using behavioural interventions. In Uganda, seven faith-based organizations, organized under the Inter-Religious Council of Uganda, developed action plans on sexual and reproductive health, HIV and gender-based violence. Approximately 700 religious and cultural leaders were provided with orientation on sexual, reproductive, maternal, newborn, child and adolescent health, HIV and gender-based violence. Many Member States also scaled up condom programmes and introduced pre-exposure prophylaxis, expanding women's options for HIV prevention. Peer-led interventions can also empower community members and reduce stigma and discrimination. Brunei Darussalam,

[25] International Partnership for Microbicides, "Dapivirine ring: phase III results". Available from www.ipmglobal.org/our-work/our-products/dapivirine-ring/phase-iii-results.

[26] UNAIDS, "HIV prevention 2020 road map: accelerating HIV prevention to reduce new infections by 75%" (Geneva, 2017). Combination HIV prevention provides defined packages of services, including behavioural, biomedical and structural components, tailored to high-priority population groups within their specific local contexts. Structural approaches, such as social and cultural interventions and political, legal and economic strategies, are discussed in section E below on addressing root causes.

El Salvador, Jamaica, Malta, the Netherlands, the Sudan, Turkmenistan and Zimbabwe supported peer education programmes for priority populations.

33. In Cambodia, UNFPA helped to influence gender norms surrounding HIV, gender equality and healthy relationships through the Love9 television and radio show. A survey found that 92 per cent of viewers thought the show had helped them understand that condoms prevent sexually transmitted infections, including HIV.

Eliminating mother-to-child transmission of HIV and keeping mothers alive and well

34. According to UNAIDS estimates, the scale-up and improvement of services to prevent mother-to-child-transmission has reduced the annual rate of new HIV infections among children under 15 years of age by 54 per cent since 2000. The implementation of the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive: 2011–2015 contributed to an increase in HIV testing coverage among pregnant women and in the use of improved antiretroviral regimens, including Option B+.[27] To accelerate progress, the Start Free, Stay Free, AIDS Free framework was launched in 2016, at the high-level meeting on ending AIDS, by UNAIDS and the United States President's Emergency Plan for AIDS Relief. In 2016, Botswana, Namibia, South Africa, Swaziland and Uganda reached the Start Free, Stay Free, AIDS Free target of diagnosing and providing lifelong antiretroviral therapy to at least 95 per cent of pregnant and breastfeeding women living with HIV.[28] In 2016, Armenia, Belarus, Cuba and Thailand were certified by the World Health Organization (WHO) as having eliminated mother-to-child transmission. Challenges include supporting adherence to HIV treatment by young mothers and providing woman-centred care that recognizes and responds to women's comprehensive needs. In Japan, a manual for health-care workers was developed to support the elimination of mother-to-child transmission. It is important for HIV programmes to support women's priorities beyond their roles as mothers or expectant mothers and increase antiretroviral therapy coverage among all women.

35. UNFPA improved the quality of integrated maternal and HIV services by increasing antenatal testing for HIV and obstetric care for women living with HIV through midwifery programmes in 64 countries. The World Food Programme provided technical support for national programmes to eliminate mother-to-child transmission of HIV to ensure that pregnant women living with HIV also have access to food and nutrition support.

D. Addressing the high vulnerability of adolescent girls and young women

36. Adolescent girls and young women are influenced by their young age and by gender norms that put them at a disadvantage both in preventing HIV and in successfully accessing care. There are notable differences between the different age categories of adolescent girls and young women (10–14, 15–19 and 20–24), but analysis is hindered by limited data, in particular for the 10–14 age category. Access

[27] Option B+, recommended by WHO in 2015, involves providing the same triple antiretroviral drugs to all HIV-infected pregnant women beginning in the antenatal clinic setting, but also continuing this therapy for these women for life.

[28] UNAIDS, "Ending AIDS: progress towards the 90-90-90 targets".

to and uptake of treatment are often reported to be lower among adolescents aged 10 to 19 than among people in older groups.[29] Survey data on HIV knowledge showed that only 30 per cent of young women aged 15 to 24 from 35 countries in sub-Saharan Africa and 13.6 per cent of young women of the same age group from 23 countries outside of sub-Saharan Africa had correct and comprehensive knowledge about HIV.[30] Increased availability of data on the treatment cascade, disaggregated by both sex and age, would allow for a better assessment of the comparative risks faced by adolescent girls and young women. Of 114 countries reporting to the 2017 National Commitments and Policy Instrument, 70 (61 per cent) indicated that their national HIV plans included activities that explicitly addressed the needs of adolescent girls and young women.

37. Several Member States reported using behavioural and biomedical strategies to reach adolescent girls and young women (see paras. 39–41 below for an overview of structural interventions, including social protection programmes). Argentina and Malta used social media, while El Salvador, Jamaica, Malta, Turkmenistan and Zimbabwe described peer education programmes to provide adolescent girls and young women with information about HIV. The Sista2Sista mentorship programme in Zimbabwe, designed to empower girls to learn about their rights and advocate for themselves, provided peer support through clubs, reaching 9,882 vulnerable girls in 20 hotspot districts in 2016. Comprehensive sexuality education can support the adoption of safer sexual behaviours and contribute to reduced HIV transmission. As part of the Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern Africa, 15 countries provided comprehensive sexuality education in over 40 per cent of primary and secondary schools. These countries offered the standard minimum package of adolescent- and youth-friendly sexual and reproductive health services.[31] Brunei Darussalam, Cambodia, Romania and Turkey focused efforts in schools on HIV prevention, while El Salvador, Germany, Liberia, Malta, Monaco, Paraguay, Spain, Uganda and Zimbabwe addressed broader issues such as life skills and sexuality education.

38. Engaging adolescent girls and young women in leadership roles can assist them in their efforts to protect themselves from acquiring HIV. In Kenya, Malawi and Uganda, the "Engagement + Empowerment = Equality" programme supported by UN-Women mobilized more than 1,000 adolescent girls and young women to engage in the national, regional and global HIV response. The United Nations Educational, Scientific and Cultural Organization and the World Young Women's Christian Association, through a "Safe Space" model,[32] fostered dialogue between religious and community leaders and young women on issues such as HIV and AIDS, comprehensive sexuality education, child, early and forced marriage and gender-based violence.

[29] UNAIDS, "Ending the AIDS epidemic for adolescents, with adolescents".

[30] UNAIDS, "Start Free, Stay Free, AIDS Free: a super-fast-track framework for ending AIDS among children, adolescents and young women by 2020" (Geneva, 2016).

[31] The youth-friendly package of sexual and reproductive health services offered across the region includes general health check-ups, advice and counselling on puberty, sexual and reproductive health and sexuality, contraception, pregnancy testing and counselling, education, counselling, testing and treatment relating to HIV and other sexually transmitted infections, medical male circumcision, cervical cancer screening and immunizations. UNESCO, UNFPA and UNAIDS, "Fulfilling our promise to young people today: 2013–2015 progress review" (Paris, New York and Geneva, 2016).

[32] World Young Women's Christian Association, "Safe Spaces training guide", (Geneva, 2014).

E. Addressing underlying gender norms that increase the vulnerability of women and girls

Promoting the education of girls and the economic empowerment of women

39. Educating women and girls improves their health outcomes and reduces the risk that they will be infected by HIV.[33] Policies have encouraged families to keep their children in school through the provision of free schooling and through social protection measures such as cash transfers, child-focused grants, school feeding initiatives, teacher support and monitoring by parents. Studies have found that social protection programmes enable girls to stay in school, contribute to their safer sexual health and have a positive effect on HIV outcomes.[34]

40. Member States reported implementing multisectoral programmes to improve health outcomes and the socioeconomic empowerment of women and girls. These programmes included the DREAMS (determined, resilient, empowered, AIDS-free, mentored and safe women) Initiative[35] referred to in the responses from Swaziland, Uganda and Zimbabwe, which is aimed at reducing new HIV infections among adolescent girls and young women in 10 sub-Saharan countries. Interventions implemented by 55 partner organizations strengthen capacity for service delivery, keep girls in school, link men to services, support pre-exposure prophylaxis and support post-secondary school employment for young women. Between 2015 and September 2017, the rate of new diagnoses among adolescent girls and young women aged 15 to 24 declined by more than 25 per cent in 65 per cent of the highest HIV-burden districts implementing DREAMS Initiative interventions, while 14 districts experienced a decline of more than 40 per cent.[36]

41. In Malawi, South Africa and the United Republic of Tanzania, UNDP, the United Nations Children's Fund and the World Bank helped to cost cash transfer schemes targeting young women and adolescent girls, to prevent HIV. As a result of an economic empowerment programme supported by the International Labour Organization and UNAIDS in six countries in Africa, the proportion of women who reduced the number of their sex partners rose from 56 per cent in 2011 to 74 per cent in 2015, and the proportion of women who adopted HIV risk reduction strategies rose from 31 per cent in 2011 to 81 per cent in 2015.

Eliminating stigma and discrimination against women and girls living with HIV

42. The fast-track targets include zero discrimination, which is understood to be core to ending AIDS by 2030. Yet stigma associated with HIV continues to discourage many women and girls from being tested for HIV, seeking care if found positive or adhering to treatment. Women and girls also face stigma and discrimination in

[33] UNAIDS, "On the fast track to end AIDS: 2016–2021 Strategy" (Geneva: 2015).

[34] Benjamin Davis and others (eds), *From Evidence to Action: The Story of Cash Transfers and Impact Evaluation in Sub-Saharan Africa* (Oxford, Food and Agriculture Organization of the United Nations, UNICEF and Oxford University Press, 2016).

[35] The DREAMS Initiative is a $385 million public-private partnership to reduce HIV infections among adolescent girls and young women in 10 sub-Saharan African countries, with support from the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Bill and Melinda Gates Foundation, Girl Effect, Johnson & Johnson, Gilead Sciences and ViiV Healthcare.

[36] PEPFAR, "Fact sheet: 2017 PEPFAR latest global results", November 2017. Available from www.pepfar.gov/documents/organization/276321.pdf.

education and workplace settings. A challenge for monitoring progress is measuring stigma on a regular basis.

43. Swaziland has a separate national strategy for combating stigma and discrimination, and other countries have included strategies to reduce stigma in their national HIV plans. Argentina established a toll-free hotline for enquiries and reports of stigma and discrimination against people living with HIV. Costa Rica and Ecuador train health providers on stigma and discrimination. To measure progress, Australia is developing a specific indicator for stigma and discrimination, to be included in routine surveillance and monitoring. Organizations in Zimbabwe used the findings from the People Living with HIV Stigma Index to advocate for improved rights for people living with HIV.[37] Ongoing monitoring will help to identify interventions that most effectively reduce stigma and provide data on progress towards achieving zero discrimination.

44. Twelve United Nations system entities signed a joint statement on ending discrimination in health-care settings to encourage health care that is responsive to the needs of women living with HIV. UNDP supported 10 African countries in strengthening human rights programmes for HIV by removing legal barriers and supporting advocacy, strategic litigation and capacity-building for legal professionals.

Ending the twin epidemics of gender-based violence and HIV

45. Gender-based violence is a fundamental violation of women's human rights. It takes multiple forms, including rape and sexual violence, harmful practices and forced sterilization. Gender-based violence and fear of violence exacerbate the risk for women of acquiring HIV. Women experiencing or fearing intimate partner violence are 50 per cent more likely to acquire HIV[38] and have poor outcomes when receiving antiretroviral therapy.[39] In 2016, 83 per cent of Member States (89 of 117) reporting to the 2017 National Commitments and Policy Instrument had legislation against domestic violence in place, while 50 per cent (52 of 105) had integrated violence screening and mitigation in HIV services in all or some health facilities. Violence is especially prevalent in the lives of women in the sex industry[40] and women and girls in conflict areas. While estimates vary, data suggest that some 32 to 55 per cent of sex workers experience work-related physical and/or sexual violence in a given year.[41] A global study on the implementation of Security Council resolution 1325 (2000) found that women and girls in conflict areas had less access to HIV information, fewer resources for HIV prevention and significant barriers to negotiating safer sex.[42]

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[37] UNAIDS and others, "The People Living with HIV Stigma Index". Available from www.stigmaindex.org.

[38] Lori Heise and Elizabeth McGrory, "Greentree II: violence against women and girls, and HIV — report on a high-level consultation on the evidence and implications" (London, STRIVE Research Consortium, 2016).

[39] Sarah T. Roberts and others, "Intimate partner violence and adherence to HIV pre-exposure prophylaxis (PrEP) in African women in HIV serodiscordant relationships: a prospective cohort study", *Journal of Acquired Immune Deficiency Syndromes*, vol. 73, No. 3 (2016).

[40] Information from paragraphs 45–47 is drawn from UNAIDS work on the lives of sex workers.

[41] Kathleen N. Deering and others, "A systematic review of the correlates of violence against sex workers", *American Journal of Public Health*, vol. 104, No. 5 (2014).

[42] UN-Women, *Preventing conflict, transforming justice, securing the peace: a global study on the implementation of United Nations Security Council resolution 1325* (New York, 2015).

46. Eliminating all forms of violence against women and girls requires concerted action at all levels, from national guidelines to community mobilization.[43] Cambodia described the development of new referral and health sector guidelines for women and girls experiencing violence and a toolkit on gender-responsive HIV programming for use by the Commune Committees for Women and Children. In El Salvador, each municipality developed its own plan for preventing violence against women.

47. UN-Women, UNDP, WHO and UNFPA supported the design and implementation of national action plans on gender-based violence in Argentina, Paraguay, Peru and Viet Nam. In Viet Nam, this led to the adoption of an operational framework to implement the country's 2016–2020 national action plan on gender equality, which includes measures to prevent sexual violence and provide integrated services for gender-based violence and HIV. In its national plan against gender-based violence for 2016–2021, Peru recognized violence against women living with HIV. UNFPA and UNDP supported countries in integrating interventions for gender-based violence into the concept notes that serve as grant applications for the Global Fund, while UNHCR advocated for those concept notes to include gender equality issues faced by women affected by humanitarian emergencies and conflict.

Engaging men and boys in the promotion of gender equality in the context of HIV and AIDS

48. A gender-responsive and transformative approach to the HIV response is not possible without the involvement and support of men and boys. Social expectations about how men should behave may encourage men to take risks that may harm their health or prevent them from seeking timely HIV testing, counselling, treatment and care services, putting both themselves and their female partners at risk. Reducing the number of new HIV infections through a gender-responsive approach requires that men understand the risks of HIV, that they protect themselves and their partners and that they value balanced, responsible and respectful relationships. Men who support gender equality are less likely to condone risk-taking and aggressive sexual behaviour against women and girls and are valuable allies in implementing a transformative HIV response.

49. Member States took steps to increase men's support for gender equality and the rejection of gender norms that encourage risky behaviour. In Uganda, the kabaka (king and traditional leader) of the Kingdom of Buganda is serving as the male engagement ambassador for ending AIDS, with the aim of engaging 1 million men to be tested for HIV, access services and receive treatment. Men participating in the "One man can" campaign in South Africa reported an increased capability to overcome masculinity-related barriers to obtaining HIV services. They also reported an increased ability to express vulnerability and discuss HIV openly with others and a greater willingness to be tested for HIV and receive services. About a quarter of men participating in a campaign evaluation said they had been tested for HIV as a result of their involvement.[44]

50. In 2016, UNAIDS launched a platform for action on the rights, roles and responsibilities of men and boys to fast-track the end of AIDS. National consultations

[43] Sustainable Development Goal target 5.2 is to eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

[44] Paul J. Fleming and others, "What role can gender-transformative programming for men play in increasing men's HIV testing and engagement in HIV care and treatment in South Africa?", *Culture, Health and Sexuality*, vol. 18, No. 11 (2016).

on creating an enabling policy environment that ensures men's access to services and reduces gender-based violence are under way in Eastern and Southern Africa. The "HeForShe" campaign, a global initiative by UN-Women, has engaged millions of men around the world in striving for a more gender-equal world.

V. Conclusions and recommendations

51. During the reporting period, significant progress was made in reducing the number of new HIV infections and in ensuring that more people know their HIV status, are put on treatment and achieve viral suppression. For women, however, the results have been mixed. Rates of new infections are high among adolescent girls and young women in sub-Saharan Africa and have increased among women in key populations in Eastern Europe and Central Asia. Women, in particular young women, continue to be disadvantaged in preventing HIV and obtaining HIV services as a result of discriminatory social norms about how women should think and behave, not only in terms of their sexual and reproductive health and rights, but in society in general.

52. Consequently, the Commission may wish to encourage Member States:

(a) To commit to implementing an HIV response that is gender-responsive and transformative, as agreed upon in the 2016 Political Declaration on HIV and AIDS and in support of Sustainable Development Goals 3, to ensure healthy lives and promote well-being for all at all ages, and 5, to achieve gender equality and empower all women and girls. Such strategies need to include efforts beyond preventing gender-based violence and promoting women's access to family planning to include: (i) supporting women beyond their roles as mothers or expectant mothers in the realization of their human rights; (ii) supporting and reinforcing women's sexual and reproductive health and rights; and (iii) addressing harmful gender norms through social dialogue between women and men, leadership on gender equality at the policy, legal and institutional levels, communication on social and behavioural change and increased visibility and advocacy of women's organizations;

(b) To support and engage women, including those representing key populations, in planning and implementing the transformative HIV response. Such efforts also contribute to the achievement of target 5.5 of the Sustainable Development Goals on ensuring women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life;

(c) To expand the use of gender-responsive budgeting to ensure that resources are allocated more efficiently where they are most needed. In particular, funding should target HIV prevention among adolescent girls and young women, improvements to the quality of HIV care centred on women's rights and needs, and capacity-building and programme implementation by women's organizations;

(d) To expand the collection, reporting and use of data disaggregated by sex and age, data on discrimination and data on identified harmful gender norms in order to target the HIV response more efficiently;

(e) To implement specific strategies to ensure that women and girls who may not necessarily be reached through existing HIV testing and treatment

services, including adolescent girls, young women, women in key populations, older women or women who are not seeking antenatal care, have access to HIV testing and treatment;

(f) To strengthen the quality of women-centred care so as to ensure that women's comprehensive rights and needs related to HIV prevention, treatment and care services are met by developing and implementing health sector guidelines and protocols for such non-medical needs as experienced violence and fear of violence, stigma and discrimination, low treatment literacy, lack of control over resources and mobility, and care responsibilities;

(g) To accelerate combination prevention, in particular among adolescent girls and young women, including through increased availability of female-controlled methods to prevent sexual transmission of HIV and by addressing the underlying risk factors that cause high HIV infection rates among adolescent girls and young women, in particular gender inequality, sexual violence and a lack of education;

(h) To continue the reform of legal and policy frameworks in support of gender equality and women's empowerment, including through Sustainable Development Goal targets 5.3, on eliminating all harmful practices, such as child, early and forced marriage and female genital mutilation, and 5.a, on undertaking reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources;

(i) To continue to work towards ending discrimination and violence against women and girls, including those living with HIV and key populations, in support of Sustainable Development Goal targets 5.1 and 5.2 on ending all forms of discrimination and eliminating all forms of violence against all women and girls, and to measure results by strengthening data monitoring and reporting systems. Until discrimination against women and girls living with HIV is significantly reduced in the health sector, in communities, in schools and in families, it will continue to hinder women from preventing HIV, obtaining comprehensive, woman-centred treatment and adhering to treatment.

53. The Commission may wish to encourage United Nations system entities and other international actors:

(a) To draw on priorities that have been identified by women themselves, when developing guidelines, tools and technical support strategies, in order to ensure that women's needs are met throughout their life cycle;

(b) To assist countries in pursuing a comprehensive approach to the realization of gender equality and the empowerment of all women and girls, including an understanding of the health impacts of gender norms on women's rights and an understanding that gender equality and women's empowerment requires going beyond the mere availability of services for women (such as family planning and antenatal care) to addressing the root causes of the unequal status of women and the power dynamics between women and men;

(c) To support and engage women, including adolescent girls, young women and women from key populations, in developing strategies to improve HIV prevention, testing, antiretroviral therapy and care and support for women, all of which requires a comprehensive articulation of the goal of gender equality

and women's empowerment, including the participation of women at all levels of decision-making;

(d) To increase the collection and reporting of data disaggregated by sex and age and data on discrimination and to develop strategies to routinely monitor HIV-related stigma and discrimination in order to effectively report on progress towards achieving the target of the 2016 Political Declaration on HIV and AIDS to eliminate HIV-related stigma and discrimination;

(e) To strengthen guidance on women-centred delivery of HIV treatment services to increase treatment adherence, by focusing on improving the quality of care, in particular through understanding women's gender- and age-specific needs and through the respectful treatment of women;

(f) To expand advocacy for combination HIV prevention among adolescent girls and young women in high-prevalence countries and women in key populations in low-prevalence countries, accelerate the development and distribution of female-controlled methods of preventing sexual transmission of HIV and support the scale-up of interventions that improve not only women's and girls' HIV outcomes but that help realize women's and girls' enjoyment of their human rights and of non-discriminatory social norms, which are necessary to ensuring long-term success in ending AIDS.

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Item 3 (c) of the provisional agenda*
Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century": gender mainstreaming, situations and programmatic matters

Report of the United Nations Entity for Gender Equality and the Empowerment of Women on the activities of the United Nations trust fund in support of actions to eliminate violence against women

Note by the Secretary-General

The Secretary-General has the honour to transmit herewith, to the Commission on the Status of Women and the Human Rights Council, the report of the United Nations Entity for Gender Equality and the Empowerment of Women on the activities of the United Nations trust fund in support of actions to eliminate violence against women, which was prepared in compliance with General Assembly resolution 50/166.

* E/CN.6/2018/1.

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I. Overview

1. The United Nations trust fund in support of actions to eliminate violence against women is a global, multilateral grant-making mechanism that supports efforts to prevent and end violence against women and girls. It was established in 1996 by the General Assembly, in its resolution 50/166, and is administered by the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) on behalf of the United Nations system. With the strong institutional support of UN-Women and its regional, multi-country and country offices, and working closely with the rest of the United Nations system through its inter-agency Programme Advisory Committee,[1] the trust fund plays a vital role in driving forward collective efforts to prevent and eliminate violence against women and girls.

2. The present report, prepared for the sixty-second session of the Commission on the Status of Women and the thirty-eighth session of the Human Rights Council, describes the impact and achievements of the trust fund in 2017.

3. The trust fund raises and distributes funds to support multi-year programmes to address, prevent and ultimately end violence against women and girls in three priority areas: improving access for women and girls to essential, safe and adequate multisectoral services; furthering implementation of legislation, policies, national action plans and accountability systems; and promoting the prevention of violence against women and girls. It does so through its three strategic directions: supporting results-oriented approaches to prevent and end violence against women and girls; catalysing learning from global evidence collected from grantees; and leveraging its unique mandate and convening power to advocate for and foster sustainable financing.

4. Raising the profile of effective measures to prevent and end violence against women and girls in order to secure continued and increased funding remains at the core of the trust fund's efforts. The list of trust fund donors has grown and diversified over the years and, while countering the causes and addressing the consequences of violence against women remains seriously underfunded, the trust fund has brought increasing attention to the need for resources and the enormous and sustained impact that grantees can and do have on the lives of women and girls, often with relatively modest investment.

5. As of December 2017, the Governments of Australia, Austria, Ireland, Israel, Liechtenstein, the Netherlands, Norway, Switzerland, Trinidad and Tobago, the United Kingdom of Great Britain and Northern Ireland and the United States of America had contributed to the trust fund's twenty-first grant-making cycle. Support was also received from the UN-Women National Committees of Japan, the United Kingdom of Great Britain and Northern Ireland and the United States of America.

[1] In 2017, Programme Advisory Committee members at the global level included: the Office of the United Nations High Commissioner for Human Rights, the United Nations Development Programme, the United Nations Population Fund, the United Nations Children's Fund, the United Nations Entity for Gender Equality and Women's Empowerment and the World Health Organization. Other experts at the global level, including representatives from the Centre for Women's Global Leadership, Equality Now and the Sexual Violence Research Initiative, were also actively involved in the grant-making process.

6. In 2017, the trust fund managed 120 projects aimed at preventing and addressing violence against women and girls in 80 countries and territories.[2] At least 340,830 women and girls benefited directly from services for survivors, empowerment activities and protection from violence during the year, among whom were 45,950 women survivors of violence. A total of 6,362,155 people, including men and boys, government officials and the general public, were reached by supported projects during the year. In 2017, the trust fund sought in particular to reach women and girls from marginalized and underserved communities and groups who face particular challenges because of discrimination, poverty or isolation in rural or remote settings. Among the direct beneficiaries, for example, were at least 37,550 women and girls living with disabilities, 10,640 lesbian, bisexual and transgender women and 8,880 indigenous women. An analysis of trust fund projects showed that the cost of reaching beneficiaries in 2017 was $2.7 per beneficiary, in line with the figure from 2016, illustrating the great impact of often small investments.

II. Introduction

7. The global movement for human rights and women's empowerment has achieved much in recent decades. Nevertheless, violence against women and girls remains prevalent, persistent and devastating. It is recognized as a major obstacle to the fulfilment of the human rights of women and girls and to the achievement of the 2030 Agenda for Sustainable Development. As many as 70 per cent of women worldwide have experienced intimate partner physical and/or sexual violence in their lifetimes.[3] At least 200 million girls and women alive today have undergone some form of female genital mutilation/cutting in the 30 countries where the practice is most prevalent; in the majority of cases girls were cut before the age of five.[4] More than 750 million women alive today were married before their eighteenth birthday and about 250 million entered into union before the age of 15.[5] The scale of gender-based violence against women and girls underscores the urgency of properly resourcing effective measures to end it.

8. The deeply entrenched nature of gender-based violence affecting all generations, nationalities and communities was recently highlighted by the high-profile revelations of widespread sexual harassment and violence starting in the

[2] Afghanistan, Albania, Antigua and Barbuda, Armenia, Azerbaijan, Bangladesh, Belarus, Belize, Brazil, Burkina Faso, Cambodia, Cameroon, Chile, China, Colombia, Côte d'Ivoire, Democratic Republic of the Congo, Ecuador, Egypt, El Salvador, Ethiopia, Fiji, Gambia, Grenada, Guatemala, Guyana, Haiti, Honduras, India, Indonesia, Iraq, Jamaica, Jordan, Kenya, Kyrgyzstan, Lebanon, Liberia, Libya, the former Yugoslav Republic of Macedonia, Madagascar, Malawi, Mali, Marshall Islands, Mauritania, Mexico, Mongolia, Montenegro, Morocco, Myanmar, Nepal, Nicaragua, Niger, Nigeria, Pakistan, Panama, Papua New Guinea, Peru, Republic of the Congo, Republic of Moldova, Rwanda, Serbia, Sierra Leone, Solomon Islands, Somalia, South Africa, Sudan, Tajikistan, Thailand, Timor-Leste, Togo, Tunisia, Turkey, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Viet Nam, Zambia and Zimbabwe, and State of Palestine.

[3] World Health Organization, London School of Hygiene and Tropical Medicine and South African Medical Research Council, *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence* (Geneva, World Health Organization, 2013).

[4] United Nations Children's Fund, *Female genital mutilation/cutting: a global concern* (New York, 2016).

[5] United Nations Children's Fund, *Ending child marriage: progress and prospects* (New York, 2014).

entertainment industry and swiftly encompassing a host of diverse sectors. The initial focus on people in the public eye became a truly global phenomenon as people drew courage from each other and spoke out about their experiences. The debate increasingly focused on the all-pervading, constant, everyday reality of a continuum of violence faced by so many women and girls around the world. More than 1 million people tweeted using the hashtag #MeToo, sharing personal stories of sexual harassment or assault in an act of virtual solidarity. This online outcry gave voice to acts that are traditionally shrouded in silence and neutralized by convention, exposing the web of intimidation that protects abusers and the cruel privilege of impunity. It was one of many expressions of women's activism in 2017 that, in different contexts and languages, sent the message: sexual harassment and gender-based violence, whether at work, in the home or in public spaces, are not acceptable and must not be ignored, and that each individual must take action in this regard, without delay. It is in this context that trust fund grantees around the world continue to work on a daily basis to challenge impunity, to empower survivors and to further attitudinal change in order to prevent all forms of violence against women and girls.

9. In 2016, the total funding requested in response to the trust fund's Call for Proposals was more than $677 million, a testament to the existence of a wealth of innovative and transformational civil society projects that could make a real impact on gender-based violence in many different settings around the world. A key challenge for the trust fund, therefore, is to find ways to enable this momentum to translate into projects fostering sustainable change.

A. Building sustainability

10. Of 21 small grants assigned in the eighteenth and nineteenth cycles (2014 and 2015, respectively), 14 (two thirds) were assigned to organizations that identified themselves as women's non-governmental organizations. This represents a significant increase in comparison to earlier cycles and shows that opening the small grants modality has improved the trust fund's outreach to women's rights organizations. As of the twentieth call for proposals (2016), the trust fund has refined its outreach approach by stating explicitly what type of organizations are prioritized and what criteria would be applied; these include the size of organizations, whether they are women-led, their level of expertise as regards gender-based violence and their track record of implementing projects in the field on ending violence against women.

11. One of the consequences of the historically low level of funding allocated to initiatives to end and address violence against women, representing just 2 per cent of the total donations allocated to human rights funding,[6] has been the relative underdevelopment of the administrative and governance capacities of organizations, particularly smaller organizations, working on these issues. The trust fund is, therefore, prioritizing capacity-building for small organizations, with a particular focus on small women's organizations.

12. The trust fund recognizes the need for small women's organizations to ensure the sustainability of their core organizational functions so that they can define their own priorities in accomplishing their mission. The trust fund is responding to this

[6] A report by the Foundation Center on global human rights-related giving by private foundations found 23 per cent of donations being allocated to organizations that work to advance women's rights, of which 9 per cent is assigned to initiatives to end violence against women. The Foundation Center, "Accelerating change for women and girls: the role of women's funds" (New York, 2009).

need by including, for the first time, a budget line for core funding to small women's organizations for a maximum of 7 per cent of direct activity costs. This core funding is separate from and in addition to the 7 per cent all organizations can currently request for indirect costs.

13. One measure of success and sustainability is the extent to which grantees are successful in obtaining new and additional funding, beyond the project supported by the trust fund. In 2017, 6 out of 9 small grant recipients who requested recommendations managed to mobilize additional funds from other donors. Among them was Alafia, a small women-led organization in Togo working to eradicate harmful traditional widowhood practices that increase the risk of HIV infection. Although a 2012 law grants widows the right to refuse such practices, they remain widespread, especially in rural areas. Since being awarded a grant by the trust fund, Alafia has gone on to obtain $25,000 from the African Women's Development Fund to encourage discussion among leaders of the Ewe community in order to explore possibilities for eradicating these practices. Alafia also obtained a second tranche of funding, totalling $24,306, from the United States Department of State through their Alumni Engagement Innovation Fund. This project focuses on eradicating harmful widowhood practices in Aneho communities in the south-east of the country.

14. Another grantee that has been able to secure further funding is the Women's Justice Initiative, the only organization in Guatemala working to prevent gender-based violence specifically in rural indigenous communities. A small trust fund grant enabled the organization to help overcome key obstacles that Mayan women face in accessing justice. In June 2017, the Women's Justice Initiative was awarded a grant by Hivos and in July 2017, the Initiative was given a one-year grant of $45,000 by Dining for Women, a global giving circle. Those two grants will support a number of activities that the Initiative has initiated with the trust fund's support.

15. Small organizations often play a crucial role in empowering women to demand that existing norms are put into practice. For example, the grantee Equality is implementing a project to promote justice for survivors of gender-based violence in China. Its particular focus is on empowering women and girl survivors of violence from marginalized and underserved communities, such as lesbian, bisexual and transgender women and women living with HIV/AIDS, to advocate for their rights and gain access to legal assistance and social services. Two new implementing regulations for the national domestic violence law passed during 2017 in Yunnan Province directly incorporated perspectives from project experts. The first requires police to flag situations with a high risk of domestic violence and thereby better mobilize resources for survivors. The second involves strengthening the protection order mechanism in the new Anti-Domestic Violence Law. In addition, Equality and its partners reached out to over 50 survivors of domestic violence to begin collecting data for future empirical studies that will be used as advocacy tools. Equality and its implementing partner also trained 82 government officials to improve their understanding of domestic violence and appropriate legal and police responses. In addition, in the first six months of 2017, Equality provided services for 61 people, an increase over the previous year.

16. In Serbia, the grantee Astra, working with a State institution, the Centre for Human Trafficking Victims' Protection, implemented a project to establish the referral procedures for victims of trafficking, many of whom are underage and from the Roma minority. In the first half of 2017, Astra received 2,106 calls, 75 per cent of which related to trafficking. Astra identified five new victims of human trafficking and 15 people at high risk of trafficking or some other form of violence, while

continuing to support victims identified in previous years. During 2017, over 110 different assistance interventions were provided to Astra clients, including assisting 30 people at risk of becoming victims of trafficking and supporting them during recovery. Almost all beneficiaries stated that the biggest change they experienced in terms of Astra work is that feel much safer because they know they are not alone and they get support when they need it the most. Astra also organized training for social welfare centres; 24 professionals from 12 centres participated in an accredited two-day training course entitled "Support to victims of human trafficking in the social protection system — identification, assessment and planning of the support". Most of the participants did not have any previous knowledge about human trafficking. In the period after the training, Astra consultants established 48 contacts with social welfare centres regarding potential victims of human trafficking.

17. A project implemented in Brazil by Casa da Mulher Trabalhadora sought to raise awareness among marginalized groups of young women in Rio de Janeiro on identifying violence, including technology-related violence, and how to address it. Three months after the training, which took place in March and April 2017, 94.4 per cent of young women who had participated had carried out some form of activity in their locality. The most common activities were participating in a workshop, either with other women or in mixed groups (55.6 per cent); distributing materials on women's rights (50 per cent); and conversations with family or friends on the issue (83.3 per cent). Through its "multiplication" approach, the project managed to reach 2,969 women and girls in schools and in public places. Evaluations from 76 participants found that 86 per cent felt the activity had increased their understanding of violence against women and 56 per cent were interested in taking further action.

B. Responding to humanitarian crises

18. In its twentieth funding cycle, the trust fund awarded $2.5 million through a newly established funding window to five organizations working to prevent and end violence against refugee and internally displaced women and girls. The two grantees operating under the humanitarian window in Jordan delayed the start dates of their projects, pending relevant approvals. Meanwhile, 2 of the 3 grantees working in Iraq, the Free Yezidi Foundation and ASUDA for Combating Violence against Women, reported challenges brought about by conflict in the region. Despite challenges in keeping staff in the increasingly unstable project area and the movement of local beneficiaries to safer areas, the projects did make headway prior to the conflict.

19. During the first six months of the project, the Free Yezidi Foundation operating in Duhok enrolled 288 women and girls in their trauma and mental health therapy sessions. It is estimated that another 800 community members have been reached by the project through social media outreach. The project has also trained three volunteers as paraprofessional psychological first aid workers, with a view to ensuring sustainability beyond the trust fund-supported project. Women participants reported that they used the skills and insights they had gained to help their relatives at home who have so far been unable to attend the sessions.

20. During the same period, the implementation of a second project began in Sulaymaniyah, Dahuk and Erbil, in which six female researchers were hired and trained by ASUDA for Combating Violence against Women in collecting evidence and monitoring sexual and gender-based violence experienced by female Syrian refugees. This phase was followed by consultations with camp administrators, service providers and local authorities on strengthening response mechanisms for Syrian

refugees, community awareness workshops and legal and psychosocial support for refugee girls who are vulnerable to sexual and gender-based violence.

21. The third grantee in Iraq, Women for Women International, enrolled 600 women and girls in social and economic empowerment training programmes during its first six months of implementation in Erbil and Sulaymaniyah. Thirty women have so far received social and legal services through the local partner organization, Warvin. Women for Women International is continuing to train and mentor Warvin so as to strengthen their organizational and technical capacity in providing protection services against gender-based violence.

C. Addressing the needs of women and girls living with disabilities

22. The 2017 call for proposals opened a window for at least $1 million in funding for projects on ending violence against women and girls with disabilities, in recognition of the fact that, while they experience many of the same forms of violence all women and girls experience, they also face particular risks. Women and girls with disabilities face a risk of rape that is almost three times greater than that faced by women and girls in general, and are twice as likely to be survivors of domestic violence and other forms of gender-based violence. They are also likely to experience abuse over a longer period and with more severe injuries than other women and to face particular obstacles in obtaining justice and redress for the violence experienced.[7]

23. Among those projects already supported focusing on women and girls with disabilities is a project implemented in Zimbabwe by the Leonard Cheshire Disability Trust. The Access to Justice project, which started in 2015, provides specialized services for girls and women with disabilities, including logistical support and sign-language classes in order to facilitate access to police units and the courts. To date, the project has directly supported 696 women and girls with disabilities. Additionally, 293 police officers, 203 Court officials and 81 representatives of mainstream women's organizations have been reached by the project. About 1,300 girls and women with disabilities, including their caregivers, and 290 community leaders were reached with information and other prevention activities at the community level.

24. The feedback from women and girls, caregivers and stakeholders confirms that the project has greatly empowered women and girls with disabilities who are utilizing the acquired knowledge and information to report acts of violence against women and girls in their communities. The community-based approach used provides safe spaces for girls and women with disabilities to seek information on violence against women and to discuss challenges and solutions. Through advocacy and national dialogues on access to justice for girls and women with disabilities, the project also contributed to the explicit recognition of their rights in the new national gender policy. The project also facilitated the adaptation of the policy into accessible formats, like Braille.

25. The Mental Disability Rights Initiative is implementing a project in Serbia to address violence against women with disabilities in custodial institutions. It has helped raise awareness of this issue for informed policymaking. For example, in June 2017, the grantee gathered the representatives of the Government of Serbia, members

[7] Stephanie Ortoleva and Hope Lewis, "Forgotten Sisters — A Report on Violence against Women with Disabilities: An Overview of Its Nature, Scope, Causes and Consequences", Northeastern Public Law and Theory Faculty Research Papers Series, No. 104 (Boston, Massachusetts, Northeastern University, 2012).

of Parliament, independent institutions, the Republican and Provincial Institutions for Social Protection and international organizations and presented findings of a study about various forms and manifestations of violence to which women with mental disabilities are exposed in custodial institutions, including the administration of contraceptives without informed consent, forced abortions, sterilization and sexual violence.

26. During the reporting period, 15 women with mental disabilities who have previously or are currently in custodial institutions were involved in training programmes held for 68 service providers. The women contributed important insights into their experiences and all participants assessed this approach as innovative, important and beneficial. The project has made a significant impact in several areas: making women's stories visible to the public, contributing to a change of practice in custodial institutions and framing custodial violence as an important topic in gender and disability policies.

III. Results and evidence

27. The trust fund's strategic plan, 2015-2020, calls for the creation of a results framework to translate the plan into measurable results. One of the key aspects of this is evaluating the results attributable to the organizations that have been awarded grants. This required the development of a core set of common, standardized indicators that grantees could apply and on which they could report. Following an earlier pilot, a new approach was tested in 2016 whereby the trust fund reviewed all progress reports against project-specific results frameworks and indicators, so as to identify those grantees measuring and reporting on the same or similar indicators. Building on this experience, a small set of standard, common indicators was developed in late 2017 to collect and aggregate data on similar results achieved across the portfolio of grantees. For example: 36 grantee organizations report that at least 10,540 women and girls were reached using specialist support services, including trauma counselling and shelters, as a result of trust fund projects in 2017.

28. An annual partner survey was conducted for the second time in 2017. 109 individuals from 61 organizations in the trust fund's active portfolio completed the survey in 2017. The increased visibility and publicity provided by the trust fund is a benefit cited, in that 52 per cent of respondents said that additional financing has been raised during the grant period, resulting in $6.5 million being raised in additional financing for the continuation or scaling-up of the project funded by the trust fund.

29. One of the ways in which the trust fund contributes to expanding the knowledge and evidence base on effective models to prevent and respond to violence against women and girls is a series of knowledge-exchange events. In early 2017, the trust fund was able to analyse in depth the results of the first of these events, held in October 2016 in Sarajevo, Bosnia and Herzegovina. This brought together 16 organizations from 10 countries and territories in the Europe and Central Asia region involved in providing multisectoral services, who had received trust fund grants between 2007 and 2016.

30. Examples of the results identified by independent, external evaluators included two projects in Albania implemented by the non-governmental organization Refleksione (the Albanian network against gender violence and trafficking), between 2007 and 2012, which led to the establishment of a network of shelters and counselling centres for survivors and women at risk, the approval of the decree on the

establishment and functioning of a referral mechanism for the treatment of cases of domestic violence and the adoption of proposed amendments to legal codes. In Ukraine, a project implemented by the Foundation for Public Health from 2011 to 2014 focusing on HIV-positive and street-involved women and girls succeeded in establishing a referral system, including cooperation with law enforcement agencies and an information campaign to increase the number of clients reached by services. In Serbia, the non-governmental organization Fund B92 piloted a model for the economic empowerment of women survivors of gender violence and women from marginalized social groups within the context of a safe house in Sombor. The evaluation assessed the project as a success and one which should be replicated and tested further by centres for social welfare and civil society organizations, with modifications to adapt to the local context.

31. The main conclusions and recommendations reached through this participative process included how referral systems can form the basis for building more comprehensive coordination. The event also underscored how non-governmental organizations are in many cases leaders in creating and sustaining multisectoral coordination in service delivery at the local level, acting both as entry points for survivors seeking services and as providers of long-term support as rights advocates. Participants also stressed that governance and legislation play a crucial and multi-faceted role in creating, supporting and maintaining multisectoral coordination. For example, a former grantee from Croatia described how they brought cases before the European Court of Human Rights as a tactic to encourage the Government to achieve compliance with international standards.

32. During the year, the trust fund team conducted 32 monitoring missions to projects in 22 countries, six of which were to provide training and support to small organizations. The missions had varied areas of focus. For example, in August, the trust fund visited the Sindh Community Foundation, a non-governmental organization implementing a project to curb early marriage, in order to review financial reporting and documentation. The trust fund was able to verify that the grantee had made marked improvements in the area of financial management and documentation. It is also important to note that this was not achieved at the expense of their programme work; their progress in terms of completing project activities was on track and on schedule.

33. In April, the trust fund visited a project implemented by the Women's Support Centre in Armenia to prevent and combat domestic violence. Through interviews with the grantee, partners and beneficiaries, the trust fund was able to confirm that the project was using a human rights-based approach and had established a well-functioning network of service providers. The grantee had identified the need for further work to ensure proactive State involvement for a sustainable coordinated response mechanism.

34. In June, the trust fund visited a project in the district of Sonitpur, in the Indian state of Assam, where Pragya, a civil society organization, is working to address violence against women from ethnic minority tribal communities. As part of the visit, the trust fund team visited the village of Amloga village and met 35 women's peer group members. The project is supporting a kitchen garden seed distribution programme that has helped the village to grow essential vegetables, which are used both for their own consumption and to sell in local markets. Pragya is working with 100 women's peer groups and councils, which have over time become cohesive and vibrant and attracted new members. The grantee also continued to work with the 300 women leaders trained in providing counselling and psychosocial support so that they

could offer leadership and guidance to the peer groups to which they belong. These women leaders are regularly convening meetings, discussing issues around violence against women and solutions to engage the 2,757 members of the women's groups. The monitoring visit clearly indicated the scope in areas of convergence where the work of Pragya and the trust fund can reinforce each other, for example in obtaining access to relevant State machineries and using learnings from the project to inform future initiatives.

IV. Strategy-led results

35. The trust fund continues to channel its grant-giving in support of the key objectives set out in its strategic plan, 2015–2020, namely: supporting work on primary prevention of violence against women and girls; increasing and improving support services for survivors of violence; and strengthening the implementation of national laws, policies and action plans. The following sets out some of the key achievements and areas of progress by trust fund grantees in pursuit of the overarching aims.

36. In 2017, several projects supported by the trust fund were aimed at ensuring that national laws were enacted in line with international law and standards and that the guarantees promised were delivered in reality for women and girls. In Nepal, for example, grantee Restless Development Nepal, in partnership with local non-governmental organizations, implemented a project to abolish the harmful traditional practice of Chhaupadi, which involves isolating menstruating women and girls, thereby putting them at risk of other abuses. The practice has been banned by the Supreme Court and in August 2017 was made a criminal offence, with Restless Development Nepal among the organizations that were instrumental in getting the new law passed. More recently, the grantee has focused on institutional development among civil society organizations and capacity-building to implement the legislation and ultimately end Chhaupadi.

37. The project used youth-led peer-to-peer education to address such sensitive issues as sexual and reproductive health, as well as disseminating information on laws and policies. Youth group members have also taken initiatives to spread the message of "Six Sa (health, safety, hygiene, education, nutrition and support)" in the community. A mid-term review showed that all the women and girls who responded to a survey by Restless Development Nepal reported that they had attended school or work regularly during menstruation in the previous three months. This indicated an important change from the baseline survey, when almost 7 per cent of respondents reported skipping class during menstruation. In addition, 11,180 young women and girls gained knowledge about Chhaupadi, gender-based violence and other forms of discrimination through school sessions, door-to-door visits and awareness-raising sessions.

38. In Tunisia, Fondation CIDEAL, a development organization, is working to make the commitment to gender equality, including the elimination of violence against women, enshrined in the 2014 Constitution a reality. The trust fund-supported project is working to improve access to justice, health care and other vital services in the governorate of Kef, including through the Manara Centre, which is the only centre offering multisectoral services to women survivors of domestic violence in the north-west of the country. The Centre's legal department assists women in legal actions relating to violence, divorce, maintenance payments, childcare and housing subsidies.

During 2017, 99 women were assisted by the Centre's legal department and 19 cases were won.

A. Preventing violence against women and girls

39. Transforming attitudes, beliefs and behaviours is an essential part of making progress towards a world without violence. Trust fund grantees use a wide range of approaches to deliver results that demonstrate how interventions can alter customs, institutions and practices that normalize violence against women and girls.

40. In the United Republic of Tanzania, for example, Equality for Growth, a local women's organization, is working to bolster women's economic rights and reduce the risk of violence by creating safe environments, in six markets, in two districts of Dar es Salaam. Some 2,081 market traders (1,354 men and 727 women) from the six markets took part in the campaigns on the causes and impacts of gender-based violence, as well as on how to handle issues in the markets and how to report cases. In March and April 2017, Equality for Growth conducted several visits with journalists to the six markets. During the visits, interviewees said that the situation had improved, as compared to before the project. They credited such activities as awareness sessions on gender-based violence delivered in the market, the imposition of fines on perpetrators of violence and education sessions by paralegals and legal community supporters as having contributed to the reduction in violence against women. Cases of violence against women are reported to have dropped by a third.

41. Episcopal Relief and Development implemented a project that addresses gender-based violence in post-conflict Liberia through the engagement of interfaith, Christian and Muslim organizations in six districts of Grand Cape Mount and Rivercess. A midterm assessment showed that the percentage of faith leaders who reported publicly speaking out against violence against women and girls in the previous year had increased, from 27 per cent, at the start of the project, to 100 per cent. Some 8,300 members of churches and mosques were reached by their faith leaders and informed about how to access services. Faith leaders are increasingly challenging deeply rooted stigma by speaking out against practices that compromise or disadvantage women and girls and, importantly, are using the knowledge they acquired on the various forms of violence as guidance as they counsel families or refer cases to service providers.

B. Fostering the implementation of law and policy

42. The Azerbaijan Young Lawyers' Union set up a trust fund-supported project to provide women with free legal, medical and psychological support services, as well as refuge from violent partners and family members; the project set up the only shelter for survivors of violence currently operating in the country. The project was, in part, a response to the concluding observations of the Committee on the Elimination of Discrimination against Women on Azerbaijan's fifth periodic report. The Committee called on Azerbaijan to ensure that women and girl victims of violence have access to immediate means of redress and protection, including a sufficient number of adequate shelters in all regions. During the reporting period, 203 survivors of domestic violence who came to the centre benefited from the rehabilitative, protection, legal and medical services provided. Moreover, 30 women were the beneficiaries of small grants, helping them towards financial autonomy, an important factor in eliminating domestic violence. So far, 17 businesses have been supported or established within project activities on empowering women and girls who have

experienced domestic violence. The businesses are small, varied and thriving. In addition, through a series of awareness-raising sessions, 680 boys and men have a better understanding of domestic violence, its negative consequences for the community and the available protection mechanisms, including the services offered by the shelter. The analysis of pre- and post-session evaluation questionnaires revealed a significant increase in the knowledge and awareness of the issues among the target groups.

43. The current three-year project implemented by the Victims Support Section of the Extraordinary Chambers in the Courts of Cambodia builds on the achievements of an earlier trust fund-supported project to promote gender equality and improve access to justice for female survivors of gender-based violence under the Khmer Rouge regime in the 1970s. During 2017, 255 civil parties and victims of gender-based violence were logistically supported to participate in the court hearings and forums. The grantee is also working to assist in connecting implementers with sources of funding. For example, one of the 22 proposed reparations projects, the Pka Sla project, which is related to forced marriage under the Khmer Rouge, received approximately $569,000 towards its implementation, under the coordination of the Victims Support Section. The Victims Support Section interviewed approximately 80 civil parties about discrimination against survivors of forced marriage in their communities and found that the discrimination has decreased significantly, owing to a change in the social and economic situation in Cambodia and a growing understanding of and empathy towards survivors.

C. Funding projects that work to ensure access to multisectoral services

44. A project implemented by the Institute for Development and Community Health in Kien Xuong, Thai Binh Province, Viet Nam, focuses on intimate partner violence during pregnancy and lactation, an alarming and underaddressed global health issue. During the second year of the project, 1,282 women among the target group were reached by community health service officers, 153 calls were made to the hotline to request more counselling services on domestic violence and 2,748 women received counselling on intimate partner violence during home visits. Up to 50 per cent of women in the target group reported that after receiving services, they were better placed to identify different kinds of intimate partner violence and to make plans to protect themselves. Some 82 per cent of female clients reported that they were satisfied with the services offered. Advanced training on screening services for community health service workers and village health workers also enabled them to identify survivors of intimate partner violence in their day-to-day work.

45. A project implemented by the Chega! Ba Ita association addresses the repercussions of the pervasive sexual violence that characterized the Indonesian occupation of Timor-Leste (1975–1999). The project worked directly with groups of women survivors in all 13 districts of Timor-Leste and a national women's non-governmental organization to urge policymakers and parliamentarians to create and implement specific policies for women survivors of human rights violations, including implementing the recommendations of the Truth, Reception and Reconciliation Commission, which found that rape during the occupation was systematic and widespread, a crime against humanity.

46. In 2017, the project continued to develop its database on women survivors of past and recent violence, as well as on children born as a result of sexual violence. Currently the database contains 482 profiles, providing a sound basis for advocacy

and the production of policy recommendations. Three reports (on women survivors, on children born as a result of rape and on a national victims' trust) were published, or nearing publication, in English and Tetum. For part of the year, field research concentrated on children born out of sexual violence during the Indonesian occupation. Their accounts provide valuable information both on their mothers' situation and the recurring cross-generational experiences of marginalization and discrimination. The words of participants shed a very poignant light on the legacy of these human rights violations: "our hearts and heads hurt, because we think too much about the things people say, then our eyes become heavy with tears so the things about the past become a heavy load to carry but we remain strong in our hearts". These accounts are also unique in the sense that many were sharing their experiences for the very first time. An increasing number of women survivors expressed self-confidence in their ability to organize themselves and advocate for their rights. A similar process has started with the children of women survivors.

47. In Côte d'Ivoire, Children's Life in Rural Area is working to engage entire communities, including local leaders and teachers, in the development of community-based institutional mechanisms to prevent and respond to violence against women and girls and to eliminate discrimination against HIV-positive women. In the first six months of the year, the grantee reached 2,588 community members, including 50 male leaders, through its awareness-raising sessions on how to create a more secure environment for women in communities. Women whose spouses participated in the men's awareness-raising sessions noted an improvement in how their spouses behaved towards them.

48. The project, which is due to continue until the end of 2018, has already noted progress in key areas, attributed to intense awareness-raising sessions in the localities. No cases of female genital mutilation have been reported in the village since the beginning of 2017. In 7 of the 10 communities where the project is being implemented, youth groups have formed to be on the alert for risks of female genital mutilation. Community laws are in place and community action plans were drawn up, using participatory project design with local government cooperation, to discourage and address violence against women. Since the implementation of the plans, a marked reduction in the levels of both physical and emotional violence against women have been reported. All 10 communities have developed and implemented action plans that include reparations for mental abuse and have increasingly refused to accept out-of-court settlements in sexual violence cases and have strengthened community-based provisions to further protect women and girls.

49. A project implemented by the Asamblea de Cooperacion por la Paz in El Salvador, a country with the highest rate of femicides in the world, is working to improve institutional responses to violence against women and girls and to enhance oversight and advocacy skills among local women's and youth organizations. In the three municipalities where the project was implemented, 359 women have taken part in initiatives to improve their leadership skills in relation to the exercise of the right to live free of violence. In addition, 511 women survivors of violence have received support, in line with agreed protocols. At least 130 people, including members of the general public and decision makers, took part in the presentation of an audiobook on violence against women and women's human rights. At least eight media outlets have broadcast the 24 episodes of the audiobook, reaching at least 20,000 people. Three local networks have been formed that are continuing the work of training, capacity-building and engaging with State institutions to ensure effective coordination of efforts to end and address violence.

D. Advocating for and ensuring the human rights of all women and girls

50. Projects supported by the trust fund are reaching out to communities and individuals around the world, including underserved women and girls, who are often at increased risk of violence not only because of their gender, but also because of factors such as their ethnicity, sexual orientation or disability. The trust fund continues to work under the umbrella of the 2030 Agenda to further the aim of leaving no one behind.

51. In Egypt, the Al-Shehab Institution for Promotion and Comprehensive Development implemented a project, working with women and girl survivors of violence, women domestic workers, female sex workers and women living with HIV in the marginalized informal communities of Izbat al-Hajjanah and Al Marj in Cairo. The organization established a community service centre as part of efforts to improve access to essential services for survivors of violence, such as legal and psychosocial support. Between January and June 2017, the project provided a comprehensive package of services for 211 women and girls. The project continued to support female domestic workers within the targeted communities and conducted in-depth individual discussions with these workers, in order to identify the problems they encounter in their everyday lives and explore potential solutions. Of the 18 female domestic workers directly supported, 7 accessed psychological support and 5 benefited from legal support, 2 accessed voluntary counselling and testing for blood-borne diseases and 5 were referred to other service providers, some to access income-generating activities to enable them to improve their economic situation, addressing one of the structural causes of their vulnerability to violence and abuse. The project enabled a total of 1,427 women and girls from the target group to access services in order to improve their well-being and safety.

52. Socio-legal kiosks/empowerment centres set up by the Al-Shehab Institution in 10 districts, in 2016, have seen the number of visitors and callers contacting the helplines more than double in 2017, compared with the previous year. Survivors of domestic violence and of violence in the community have been approaching the centres to get guidance and have their cases documented. They reported high levels of reassurance while interacting with those providing care and valued the support received, which helped them present their cases confidently in front of police officials and other relevant authorities.

53. The Rainbow Sky Association of Thailand implemented a three-year project in four regions to empower lesbian and transgender women and build their human rights and advocacy capacity both within their communities and with relevant government agencies. The National Social Welfare Act 2012 recognizes sexual diversity, but implementation of the Act has been partial and the national AIDS strategy does not fully address the needs of transgender and lesbian women. In the first half of 2017, the Association reached 16,063 people through various interventions, including capacity-building workshops, hotline and online services, community health centres and outreach services.

54. As part of the three-year project, the Association's Monitoring and Evaluation Unit followed up with the 113 trained participants, three and six months after the training. The comments elicited gave a clear indication of how the project has helped to change lives for the better. In the words of a 29-year-old transgender woman in Bangkok: "I have more confidence and the courage to stand up for myself when my rights are violated. I am proud of myself and I understand others better". Many

indicated their increased knowledge of and confidence in addressing violence, stigma, discrimination and human rights violations based on sexual orientation and gender identity. The online and hotline services, which provide assistance when violence occurs, were operational and connected to the committee of judges on gender-based violence cases of the Ministry of Social Development and Human Security. Many people indicated their increased capacity to seek assistance when violence occurs. One concrete result concerned a case in the southern province of Yala, where four lesbian women, together with a grantee community leader, went to the police to report an incident of sexual abuse. The Association supported the complainants throughout the court proceedings.

55. In Nicaragua, the women's organization MADRE is working with a long-standing partner, the local indigenous women's organization Wangki Tangni, to reduce violence against indigenous women and girls in 63 Miskito communities. The women targeted by the project live in remote communities on Nicaragua's North Atlantic coast, so it can be almost impossible for them to access shelters or local resources. The aim of the project is to advocate for the effective implementation of Nicaragua's Law 779, on addressing violence against women and girls, in these communities and to carry out capacity-building with local stakeholders to prevent violence and make the customary justice system work to protect women and girls. Women have reported that they are seeing a decrease in violence within their homes and communities as a result of their increased knowledge of their rights and the laws that protect those rights. The project has trained 30 women in broadcasting and reporting and distributed 400 solar-powered radios to make sure everyone can tune in to radio programmes, the only ones broadcast in Miskito, that reach 115 communities, six days a week. They report that men who are participating in this project and who are listening to the Wangki Tangni radio broadcasts are more supportive of women's rights and have become less violent. Women have shared that they feel confident to stand up for their rights as a result of the workshops and radio broadcasts. Each of the 42 communities within the seven territories has made commitments to develop and implement cultural events and create groups within their communities.

V. The way ahead

56. In many ways, 2017 was a year of increased awareness regarding gender-based and sexual violence threats worldwide and the need to take further action globally to move the issue out of the shadows, into the spotlight. It is a result of the long-standing efforts to unveil the prevalence of violence against women and girls that takes many forms and affects people in every walk of life and in every part of the globe. It has become clear that the abuses revealed in the public arena had been known about or suspected for years and, in some cases, decades.

57. For many around the world, the #MeToo phenomenon was a watershed moment. Certainly for the millions of victims who spoke out, as well as those who either chose not to or felt they could not, it was an important moment of solidarity across countries, continents and cultures. It has re-energized those who insist that violence against women and girls is not acceptable and can be stopped. That assertion is the starting point for the work of the trust fund. The achievements of grantees take the next step by showing how this can be achieved.

58. Focusing on results and sustainability, grantees around the world are finding and implementing solutions and contributing to our overall understanding of effective strategies to counter all forms of violence against women and girls. They are often

doing so with a relatively modest investment of funds. Trust fund evaluations have shown that two key factors are central to successful initiatives: collaboration and local grass-roots involvement in developing projects. The emphasis on funding projects rooted in local communities, coupled with the capacity-building provided to grantees by the trust fund, have contributed substantially to their overall impact and sustainability. The trust fund will continue to strengthen its support for small women's organizations and to explore the potential of small grants. The emphasis on sustainability and impact is also leading the trust fund to consider longer-term grant periods in recognition of the time needed to bring about attitudinal change.

59. The trust fund is keenly aware of its unique role and continues to explore new ways of expanding its collaboration with donors and partners to provide the necessary resources for the creative projects put forward each year. It will also look to explore ways of contributing its expertise to wider initiatives, such as the joint United Nations and the European Union Spotlight Initiative on combating all forms of violence against women and girls, which was launched in September 2017 and is a welcome step forward in continuing efforts to ensure that efforts to address violence against women and girls attract the resources needed.

60. Gender-based and sexual violence and the way they distort and restrict the life chances of women and girls around the world have received intense global attention in 2017. The challenge for all those working to change this reality is to translate this awareness into effective, sustainable change and, as the present report has shown, not only are grantees rising to that challenge, they are increasingly shaping the response and signalling how their initiatives can be scaled up and strengthened to move confidently towards a future free from violence for women and girls everywhere. The trust fund will continue to support the increasing confidence and mobilization of groups working for a future free of violence against women and girls everywhere.

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Economic and Social Council

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Commission on the Status of Women
Sixty-second session
12–23 March 2018
Follow-up to Economic and Social Council resolutions and decisions

Letter dated 11 December 2017 from the President of the Economic and Social Council to the Chair of the Commission on the Status of Women

I have the honour of bringing to your attention the resolutions and decisions adopted at the 2017 session of the Economic and Social Council, held from 28 July 2016 to 27 July 2017, that are of relevance to the functional commissions (see annex).

In addition to the ministerial declaration, a total of 32 resolutions and 84 decisions were adopted at that session. I would greatly appreciate it if the present letter and its annex could be brought to the attention of your functional commission for consideration and action, if necessary. I thank you for your continued assistance and collaboration in that regard.

(*Signed*) Marie **Chatardová**

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Annex

Resolutions and decisions adopted by the Economic and Social Council at its 2017 session calling for action by relevant United Nations bodies

Resolutions and decisions requesting follow-up by the Commission on the Status of Women

2017/10 Situation of and assistance to Palestinian women

Resolutions calling for action by the functional commissions

2017/9 Mainstreaming a gender perspective into all policies and programmes in the United Nations system

Resolutions calling for action by all relevant United Nations bodies/entities of the United Nations system

2017/4 United Nations strategic plan for forests 2017–2030 and quadrennial programme of work of the United Nations Forum on Forests for the period 2017–2020

2017/9 Mainstreaming a gender perspective into all policies and programmes in the United Nations system

2017/11 Social dimensions of the New Partnership for Africa's Development

2017/12 Promoting the rights of persons with disabilities and strengthening the mainstreaming of disability in the implementation of the 2030 Agenda for Sustainable Development

2017/14 Strengthening of the coordination of emergency humanitarian assistance of the United Nations

2017/20 Promoting the implementation of the United Nations Guiding Principles on Alternative Development and related commitments on alternative development and regional, interregional and international cooperation on development-oriented, balanced drug control policy addressing socioeconomic issues

2017/21 Assessment of the progress made in the implementation of and follow-up to the outcomes of the World Summit on the Information Society

2017/29 Report of the Committee for Development Policy on its nineteenth session

2017/31 Support to Non-Self-Governing Territories by the specialized agencies and international institutions associated with the United Nations

United Nations E/CN.6/2018/11

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Follow-up to Economic and Social Council resolutions and decisions

Input to the work of the Economic and Social Council and the high-level political forum on sustainable development

Note by the Secretariat

1. The present note provides a summary of the contribution that the work of the Commission on the Status of Women can make to the work of the Economic and Social Council and the high-level political forum on sustainable development in 2018.

2. In its resolution 68/1 on the review of the implementation of General Assembly resolution 61/16 on the strengthening of the Economic and Social Council, the Assembly introduced changes with implications for the subsidiary bodies of the Council. Among other provisions in the resolution, the Assembly described the substantive leadership that the Council would provide to the United Nations system through the adoption of an annual theme and the staggering of the segments of the Council throughout the year, beginning in 2014. With the adoption of the resolution, the Assembly created opportunities and expectations for the subsidiary bodies to advance their own work in the context of the wider process of strengthening the Council.

3. In its resolution 70/1, the General Assembly decided that the high-level political forum under the auspices of the General Assembly and the Economic and Social Council would have the central role in overseeing a network of follow-up and review processes at the global level with regard to the 2030 Agenda for Sustainable Development, including support for thematic reviews by the functional commissions of the Economic and Social Council.

4. In accordance with Economic and Social Council resolution 2015/6 on the future organization and methods of work of the Commission on the Status of Women, the Commission reports on the aspects relating to gender equality and the empowerment of women of the agreed main theme of the Council, in order to contribute to the work of the Council, applies a thematic approach to its work and has adopted a multi-year programme of work. In selecting its priority theme, the Commission takes into consideration, in addition to the Beijing Platform for Action and the outcomes of the twenty-third special session of the General Assembly, the

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programme of work of the Council, as well as the 2030 Agenda, so as to build synergies and contribute to the work of the Council system and the high-level political forum.

5. The theme of the 2018 session of the Economic and Social Council, as indicated in its decision 2017/208, is "From global to local: supporting sustainable and resilient societies in urban and rural communities". In accordance with General Assembly resolution 70/299, the high-level political forum will, in 2018, consider the theme "Transformation towards sustainable and resilient societies" and will conduct an in-depth review of Goals 6, 7, 11, 12 and 15, as well as Goal 17.

6. The multi-year programme of work of the Commission, as contained in Economic and Social Council resolution 2016/3, enables the Commission to build synergies and linkages with the work of the Council and the high-level political forum in order to contribute to the accelerated realization of gender equality and the empowerment of women. The Commission will consider the following topics in 2018:

Priority theme: challenges and opportunities in achieving gender equality and the empowerment of rural women and girls

Review theme: participation in and access of women to the media, and information and communications technologies and their impact on and use as an instrument for the advancement and empowerment of women (agreed conclusions of the forty-seventh session)

7. The thematic focus of the Council and the high-level political forum in 2018 can benefit significantly from the recent work of the Commission, especially its agreed conclusions.

8. At its sixtieth session, in 2016, the Commission, in its agreed conclusions on women's empowerment and the links to sustainable development, set out a comprehensive road map for the gender-responsive implementation of the 2030 Agenda. The Commission highlighted five policy areas where action by Governments and other stakeholders is especially urgent in order to achieve the gender-responsive implementation of the 2030 Agenda, namely, strengthening normative, legal and policy frameworks; fostering enabling environments for financing gender equality and the empowerment of women and girls; strengthening women's leadership and women's full and equal participation in decision-making in all areas of sustainable development; strengthening gender-responsive data collection, follow-up and review processes; and enhancing national institutional arrangements. These action recommendations are also relevant to the themes of the Council and the high-level political forum in 2018.

9. At its sixty-first session, in 2017, the Commission, in its agreed conclusions on women's economic empowerment in the changing world of work, set out steps and measures necessary to overcome persistent inequalities, discrimination and barriers that women face in the current world of work and action that is needed to ensure that women can take full advantage of the opportunities that are arising as the world of work is changing.

10. The priority theme of the Commission at its sixty-second session is expected to highlight policies and actions that are necessary for gender equality and the empowerment of rural women and girls. The important role and contribution of rural women and girls to rural development, poverty eradication, sustainable development and the building of resilient societies is well documented. The Commission's priority theme is thus in line with the themes of the 2018 session of the Council and the high-level political forum and can contribute directly to their deliberations.

11. The outcomes of the consideration by the Commission of its priority theme are expected to be in the form of agreed conclusions, which can catalyse and effectively support the Council and the high-level political forum in the integration of gender perspectives into their deliberations and outcomes. Chair's summaries of ministerial round tables, interactive dialogues and expert panels will also be available. The report of the Secretary-General on the priority theme (E/CN.6/2018/3) can also support the deliberations.

United Nations E/CN.6/2018/12

Economic and Social Council

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Commission on the Status of Women
Sixty-second session
12–23 March 2018
Item 3 (c) of the provisional agenda*
Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century": gender mainstreaming, situations and programmatic matters

Results of the sixty-seventh and sixty-eighth sessions of the Committee on the Elimination of Discrimination against Women

Note by the Secretariat

Summary

The present note reflects the results, including decisions taken, of the sixty-seventh and sixty-eighth sessions of the Committee on the Elimination of Discrimination against Women, held in Geneva from 3 to 21 July and from 23 October to 17 November 2017, respectively. Information on the sixty-sixth session, held in Geneva from 13 February to 3 March 2017, can be found in the report of the Committee to the General Assembly (A/72/38, part III).

* E/CN.6/2018/1.

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I. Introduction

1. In its resolution 47/94, the General Assembly recommended that the sessions of the Committee on the Elimination of Discrimination against Women should be scheduled, whenever possible, to allow for the timely transmission of the results of those sessions for information to the Commission on the Status of Women.

2. The Committee held its sixty-seventh and sixty-eighth sessions from 3 to 21 July and from 23 October to 17 November 2017, respectively. At its sixty-seventh session, the Committee adopted general recommendation No. 35 (2017) on gender-based violence against women, updating general recommendation No. 19 (CEDAW/C/GC/35), by consensus. It also endorsed recommendations for addressing women's human rights in the global compact for safe, orderly and regular migration, which had been adopted at an expert meeting hosted by the Office of the United Nations High Commissioner for Human Rights and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) on 21 and 22 November 2016 in Geneva.

3. At its sixty-eighth session, the Committee adopted general recommendation No. 36 (2017) on girls' and women's right to education (CEDAW/C/GC/36), by consensus. In accordance with article 18 (1) (b) of the Convention and its decision 21/I, the Committee decided to request the Government of Myanmar to submit an exceptional report, within six months, on the situation of Rohingya women and girls in northern Rakhine State.

4. The Committee continued to engage with partners. Directly following the sixty-sixth session, the Chair of the Committee, Dalia Leinarte, delivered a statement to the Commission on the Status of Women at its sixty-first session, in New York. Prior to the sixty-eighth session, on 5 October 2017, the Chair presented the report of the Committee on its sixty-fourth, sixty-fifth and sixty-sixth sessions (A/72/38) to the Third Committee of the General Assembly.

5. At its sixty-seventh session, the Committee received briefings from the Food and Agriculture Organization of the United Nations on indicator 5.a.2 of the Sustainable Development Goals, relating to women's land rights, and from the United Nations Population Fund, via videoconference, on women's rights issues relating to surrogacy. The Committee held an informal consultation, hosted by the Geneva Academy of International Humanitarian Law and Human Rights, with the members of the Expert Mechanism on the Rights of Indigenous Peoples to discuss issues relating to indigenous women's rights. It also met representatives of the World Bank, the Organization for Economic Cooperation and Development (OECD) and UN-Women, who provided a briefing on data collection for Goal indicator 5.1.1, relating to legal frameworks to end discrimination against women. The Committee agreed to establish a steering committee with those entities to reinforce the exchange of information on progress made in refining the methodology used in relation to the indicator, its testing and the data collected.

6. At its sixty-eighth session, the Committee met the Chair of the Working Group on the issue of discrimination against women in law and in practice, Alda Facio, to discuss strengthened cooperation between both mechanisms. On 14 November 2017, the Committee convened an expert panel to launch general recommendation No. 35. The panellists included Hina Jilani, a human rights lawyer and member of the Elders; Shilan Shah-Davis, Senior Lecturer, University of the West of England; Anthony Keedi, Masculinities Technical Adviser, ABAAD Resource Centre for Gender

Equality, Carmen Barroso, Co-Chair, Independent Accountability Panel, Every Woman, Every Child, Dubravka Šimonović, Special Rapporteur on violence against women, its causes and consequences, and Jane Connors, Assistant Secretary-General and Victims' Rights Advocate. The Deputy United Nations High Commissioner for Human Rights moderated the discussion. Representatives of a number of States parties to the Convention attended the event, as did representatives of specialized agencies of the United Nations system and non-governmental organizations. Representatives welcomed general recommendation No. 35 and expressed their continued commitment to combating gender-based violence against women.

7. The Committee continued to benefit from country-specific information received from United Nations country teams, entities and specialized agencies, other intergovernmental organizations, national human rights institutions and non-governmental organizations (the last-mentioned coordinated by International Women's Rights Action Watch Asia Pacific).

8. As at 17 November 2017, the closing date of the sixty-eighth session of the Committee, there were 189 States parties to the Convention and 109 States parties to the Optional Protocol. A total of 72 States had accepted the amendment to article 20 (1) of the Convention concerning the meeting time of the Committee. To bring the amendment into force, two thirds of the States parties to the Convention (currently 126 States parties) must deposit their instruments of acceptance with the Secretary-General.

II. Results of the sixty-seventh and sixty-eighth sessions of the Committee

A. Reports considered by the Committee

9. At its sixty-seventh session, the Committee considered the reports of eight States parties submitted under article 18 of the Convention and issued its concluding observations thereon: Barbados (CEDAW/C/BRB/5-6), Costa Rica (CEDAW/C/CRI/7), Italy (CEDAW/C/ITA/7), Montenegro (CEDAW/C/MNE/2), Niger (CEDAW/C/NER/3-4), Nigeria (CEDAW/C/NGA/7-8), Romania (CEDAW/C/ROU/7-8) and Thailand (CEDAW/C/THA/8-9).

10. At its sixty-eighth session, the Committee considered the reports of 12 States parties and issued its concluding observations thereon: Burkina Faso (CEDAW/C/BFA/7-8), Democratic People's Republic of Korea (CEDAW/C/PRK/7-8), Guatemala (CEDAW/C/GTM/9), Israel (CEDAW/C/ISR/6), Kenya (CEDAW/C/KEN/8), Kuwait (CEDAW/C/KWT/5), Monaco (CEDAW/C/MCO/6), Nauru (CEDAW/C/NRU/1-2), Norway (CEDAW/C/NOR/9), Oman (CEDAW/C/OMN/1-3), Paraguay (CEDAW/C/PRY/7) and Singapore (CEDAW/C/SGP/5).

11. Representatives of United Nations country teams and entities, specialized agencies of the United Nations system, other intergovernmental organizations, national human rights institutions and non-governmental organizations attended the sessions. The reports of the States parties, the Committee's lists of issues and questions, the States parties' replies thereto and their introductory statements are posted on the website of the Committee under the relevant session, as are the concluding observations of the Committee.

B. Action taken in relation to the implementation of article 21 of the Convention

Working group on the right to education

12. The working group met during the sessions and finalized an advanced draft of the general recommendation, in consultation with a former Committee member, Barbara Bailey, who is an international expert on education. At its sixty-seventh session, the Committee completed its first reading of the draft. At its sixty-eighth session, it adopted general recommendation No. 36 by consensus.

Working group on gender-related dimensions of disaster risk reduction in the context of climate change

13. The working group met during the sessions and finalized an advanced draft of the general recommendation on gender-related dimensions of disaster risk reduction in the context of climate change. At its sixty-eighth session, the Committee completed its first reading of the draft.

Working group on working methods

14. The working group met during sessions. At the sixty-seventh session, it considered and submitted draft decisions to the Committee on the coverage of issues in concluding observations, the designation of country rapporteurs, the membership of country task forces and the period to be covered in overdue periodic reports. At the sixty-eighth session, the working group discussed the simplified reporting procedure and considered that there should no longer be a requirement that a State party's periodic report be overdue for it to avail itself of the procedure.

Working group in charge of updating general recommendation No. 19 on violence against women

15. The working group met during the sessions. At its sixty-seventh session, the Committee adopted general recommendation No. 35, in the presence of the Special Rapporteur on violence against women, its causes and consequences. At its sixty-eighth session, the Committee convened an expert panel discussion to launch the general recommendation.

Committee on the Elimination of Discrimination against Women/UN-Women/Sustainable Development Goals working group

16. The working group met during the sessions. At the sixty-seventh session, it discussed the outcome of a workshop on Sustainable Development Goal indicator 5.1.1, organized by UN-Women on 14 and 15 June 2016 in New York, and decided to continue its cooperation with UN-Women on the matter intersessionally. Also at the sixty-seventh session, it met representatives of UN-Women, OECD and the World Bank to discuss the Committee's participation in efforts to refine the methodology in relation to the collection of data on indicator 5.1.1. At the sixty-eighth session, the working group held a teleconference with representatives of UN-Women, OECD and the World Bank, who updated it on recent developments relating to the indicator.

Working group on the Inter-Parliamentary Union

17. The working group met during the sessions and discussed the possibility of a meeting of the Committee with parliamentarians during the 139th Assembly of the Inter-Parliamentary Union, to be held in Geneva from 13 to 17 October 2018.

Task force on women in conflict prevention, conflict and post-conflict situations

18. The task force met during the sessions. At the sixty-eighth session, it discussed the possibility of a framework of cooperation with the Special Representative of the Secretary-General on sexual violence in conflict and former Committee member, Pramila Patten.

C. Action taken in relation to ways and means of expediting the work of the Committee

Enhancing the Committee's working methods under article 18 of the Convention

19. At its sixty-seventh session, the Committee decided to amend its current practice of including only issues in its concluding observations that were raised during the constructive dialogue with the State party concerned (see decision [illegible]), with a view to enabling experts to reduce the number of questions that they asked during the dialogue. It decided that issues included in the list of issues and questions or the list of issues and questions prior to reporting might also be included in the concluding observations. The Committee requested its secretariat to inform States parties about the new practice in the notes verbales transmitting the lists. In accordance with rule 24 of its rules of procedure, as amended in decision [illegible], the Committee decided that, based on its composition, Arabic would remain its fourth official language until 31 December 2018, to be used on an exceptional basis to facilitate communication among the members (see General Assembly resolution [illegible], para. 30).

20. At its sixty-eighth session, the Committee decided to amend the second introductory paragraph in its concluding observations by inserting a reference to the submission, if any, by the State party of written information on the steps taken to implement the recommendations identified for immediate action in the previous concluding observations of the Committee. If a State party failed to submit such a follow-up report, the Committee would express regret about that failure in the standard paragraph on follow-up in the concluding observations.

Follow-up procedure

21. The Committee continued its work under the follow-up procedure at its sixty-seventh and sixty-eighth sessions, adopting the reports of the Rapporteur on follow-up to concluding observations and considering the follow-up reports of Belgium, Benin, Brunei Darussalam, China, Denmark, Ecuador, Egypt, Kazakhstan, Oman, Slovenia, Solomon Islands, Spain and Swaziland. The reports are posted on the web page of the Committee. At its sixty-eighth session, the Committee decided to introduce two new assessment categories in the follow-up methodology and information note for States parties and other stakeholders on the submission of reports under the follow-up procedure ("Substantially implemented" and "Information or measures taken are contrary to or reflect rejection of the recommendation"), based on the assessment categories of the Human Rights Committee.

Overdue reports

22. The Committee decided that its secretariat should systematically remind States parties whose reports were five years or more overdue to submit their reports as soon as possible. As at 17 November 2017, the closing date of the sixty-eighth session, there were 10 States parties whose reports were overdue by five years or more: Belize, Dominica, Kiribati, Latvia, Mozambique, Nicaragua, Saint Kitts and Nevis, Saint Lucia, San Marino and Sao Tome and Principe. With regard to long-overdue reports, the Committee decided that, as a last resort, and failing receipt of the long-overdue reports by a specified date, it would proceed with the consideration of the implementation of the Convention in the State party in the absence of a report. States parties have been responsive to the reminders transmitted by the secretariat, as evidenced by the number of reports submitted and scheduled for consideration. The Committee currently has 24 reports scheduled for consideration between the sixty-ninth session (February-March 2018) and the seventy-first session (October-November 2019).

Dates of future sessions of the Committee

23. The Committee confirmed the tentative dates of its sixty-ninth, seventieth and seventy-first sessions as follows:

Sixty-ninth session, Geneva

(a) Fortieth session of the Working Group on Communications under the Optional Protocol: 13 to 16 February 2018;

(b) Ninth session of the Working Group on Inquiries under the Optional Protocol: 15 and 16 February 2018;

(c) Plenary: 19 February to 9 March 2018;

(d) Pre-sessional working group for the seventy-first session: 12 to 16 March 2018;

Seventieth session, Geneva

(a) Forty-first session of the Working Group on Communications under the Optional Protocol: 27 to 29 June 2018;

(b) Tenth session of the Working Group on Inquiries under the Optional Protocol: 28 and 29 June 2018;

(c) Plenary: 2 to 20 July 2018;

(d) Pre-sessional working group for the seventy-second session: 23 to 27 July 2018;

Seventy-first session, Geneva

(a) Forty-second session of the Working Group on Communications under the Optional Protocol: 17 to 19 October 2018;

(b) Eleventh session of the Working Group on Inquiries under the Optional Protocol: 18 and 19 October 2018;

(c) Plenary: 22 October to 9 November 2018;

(d) Pre-sessional working group for the seventy-third session: 12 to 16 November 2018.

Reports to be considered at future sessions of the Committee

24. The Committee confirmed that it would consider the reports of Chile, Fiji, Luxembourg, Malaysia, the Marshall Islands, the Republic of Korea, Saudi Arabia and Suriname at its sixty-ninth session, the reports of Australia, the Cook Islands, Cyprus, Liechtenstein, Mexico, New Zealand, the State of Palestine and Turkmenistan at its seventieth session and the reports of the Bahamas, the Congo, the Lao People's Democratic Republic, Mauritius, Nepal, Samoa, Tajikistan and the former Yugoslav Republic of Macedonia at its seventy-first session.

D. Action taken by the Committee in respect of issues arising from article 2 and article 8 of the Optional Protocol

25. At its sixty-seventh session, the Committee endorsed the report of the Working Group on Communications under the Optional Protocol on its thirty-eighth session. The Committee adopted views finding a violation with regard to communication No. 75/2014 concerning Mexico (gender-based violence and impunity) and views finding no violation with regard to communications Nos. 70/2014, 77/2014 and 78/2014 concerning Denmark (non-refoulement), by consensus.

26. With regard to inquiries under article 8 of the Optional Protocol, the Committee, among other things, endorsed the report of the Working Group on Inquiries under the Optional Protocol on its seventh session. The Committee adopted its findings, comments and recommendations in relation to inquiry 2011/2, which will be made public following the lapse of the six-month period for the State party concerned to submit its observations.

27. At its sixty-eighth session, the Committee endorsed the report of the Working Group on Communications under the Optional Protocol on its thirty-ninth session. The Committee adopted views finding a violation with regard to communication No. 91/2015 concerning the Russian Federation (domestic violence) and declared inadmissible communication No. 79/2014 concerning Denmark and communication No. 95/2015 concerning Ukraine, by consensus. The Committee also decided to discontinue its consideration of communication No. 93/2015 concerning Denmark.

28. With regard to inquiries under article 8 of the Optional Protocol, the Committee endorsed the report of the Working Group on Inquiries under the Optional Protocol on its eighth session. In relation to inquiry 2014/1, the Committee finalized the first reading of its draft findings, comments and recommendations. In the light of the lack of cooperation by certain States parties, it mandated the Working Group on Inquiries to consider the development of guidelines for conducting inquiries without a visit to the territory of the State party concerned.